

Methven House Care Home Care Home Service

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Kirkcaldy
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Telephone: 01708 251 227

Type of inspection:
Unannounced

Completed on:
19 February 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000129

About the service

Methven House Care Home is a well established care home, situated in Kirkcaldy in Fife.

Holmes Care Group Scotland Ltd was registered 15 May 2023 to provide residential and nursing care for up to 60 older people.

Accommodation is purpose built, situated close to public transport and across three floors. Each floor has communal living and dining areas with small galley kitchens. The service provides accommodation in 60 single bedrooms, all with ensuite showers. There is an enclosed garden which can be accessed from the lounge on the ground floor. A hairdressing salon is located on the top floor

The provider's overall aim is:

"to enrich the lives of residents by providing high quality individualised care and support. This the company does in a homely, well maintained and friendly environment where staff will deliver care and support to a high quality, where the views of residents are fully taken into account and where residents are treated with dignity, respect and compassion. Person-centered care and support plans are devised to detail how support will be delivered."

About the inspection

This was an unannounced follow up inspection which took place on 15 February 2024 between 10:00 - 17:00. The inspection was carried out by one inspectors from the Care Inspectorate and focussed on outstanding requirements. 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 three people using the service and two visitors
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- Management had very good oversight and had started to implement improvements.
- Staffing was sufficient to meet people's assessed needs.
- There were signs of improving communication and outcomes for people.
- Work was ongoing to improve record keeping which meant improved guidance for staff.
- The home was clean and well maintained.
- Areas for improvement included ongoing staff development and provision of meaningful activity.

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

Requirements

Requirement 1

By 18 December 2023 the provider must protect the health, wellbeing and dignity of people using the service. You must ensure restraint and restrictive practice is used only as a last resort, meets legislative requirements and complies with Mental Welfare Commission Guidance.

This is to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4 (1)(c), (welfare of users) and 9, (2)(b) (fitness of employees) of The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

and

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

This requirement was made on 1 November 2023.

Action taken on previous requirement

We found the use of stair gates had been discontinued throughout the home and there was a comprehensive and up to date restraint register. This was supported by the provider's policy document and made reference to Mental Welfare Commission Guidance.

A review of support plans was ongoing. We found improved record keeping as a result of the process of transferring information onto Holmes care Group pro forma and audit carried out by the interim management.

Management had also identified further work needed to ensure up to date records of POA and guardianship arrangements were in place and that staff demonstrated a clear understanding of restraint and restrictive practice. This was being addressed as part of improvement plans and ongoing staff development.

This requirement has been met.

Met - within timescales

Requirement 2

By 18 December 2023 the provider must ensure that the number and skills mix of staff in the home are adequate to meet the health, welfare and safety needs of people receiving care, at all times. This must include but is not limited to:

- a) A regular assessment of the needs of people receiving care which takes into account the support people receiving care require to live purposeful and meaningful lives.
- b) Demonstrating how the findings of the needs assessment are used to inform staffing numbers and the skills mix of staff throughout the home, at all times.
- c) Staff receive training in relation to their role and responsibilities to meet the assessed care and support needs of service users.
- d) Developing and implementing risk assessment and management procedures to identify and address any staff shortages.

This is to comply with Regulation 4(1)(a), and Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

and

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15)

This requirement was made on 1 November 2023.

Action taken on previous requirement

We found the number and skills mix of staff in the home were adequate to meet the needs of people receiving care. Further consideration was needed regarding people's experience of meaningful and purposeful lives. This was being addressed as part of the provider's ongoing action to improve activities and develop connection with the local community.

There was a regular assessment of the needs of people receiving care which demonstrated how the findings of the needs assessment were used to inform staffing numbers and the skills mix of staff throughout the home, at all times.

Staff recruitment, development and training was ongoing. Management had arranged a significant amount of training and the home continued to benefit from care home liaison nurse support. The provider's quality assurance support had been changed to include competency checks and evaluate the impact of training on staff performance.

Planned staff absence and vacancies were managed in a systematic way with advance requests for consistent agency staff. Support from sister homes was a well established option. Staff confirmed efforts made to cover short notice absence were usually effective and that they felt supported by the interim manager.

We have areas for improvement recorded that will allow future evaluation of staffing and people's experience of outcomes.

This requirement is met.

Met - within timescales

Requirement 3

By 5 February 2024 the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and well-being needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to ensuring:

- a) Appropriate and effective leadership of the service.
- b) Accurate and up-to date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified are addressed without unnecessary delay.
- c) Care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.
- d) Staff training and development support competency and performance necessary for people to experience positive outcomes.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

and

This is to ensure 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) and "I use a service and organisation that is well led and managed" (HSCS 4.23)

This requirement was made on 1 November 2023.

Action taken on previous requirement

We found appropriate quality assurance systems had been established to ensure that the health, safety, and well-being needs of people receiving care were met.

Interim management arrangements had introduced appropriate and effective leadership resulting in service improvement. Day to day leadership on each floor had been supported by using agency nursing staff while the senior carer team was developed. A new management team had been recruited and a plan in place to mitigate the risks associated with a change of manager.

We found accurate and up-to date audits for monitoring and checking the quality of the service had been started and had resulted in areas for improvement being identified and acted on.

There was a regular assessment of the needs of people receiving care as part of the provider's dependency tool. We could also see improved assessment information held in care records. Improving record keeping was an ongoing project and continued to have implications for staff training.

Staff training had been made available. This was in its initial stages and had a focus on delivering quality care and support. Staff training and development was ongoing and getting a measure of the impact of training was recognised as time dependant.

We have areas for improvement recorded that will allow future evaluation of staffing and people's experience of outcomes.

This requirement is met.

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

The provider should ensure people are given the help they need to maintain good standards of personal care and presentation. Their needs, choices, and preferences should be detailed in their support plan.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 13 September 2023.

Action taken since then

We found people were being supported to maintain good standards of personal care and presentation. Staffing was sufficient to meet assessed care and support needs.

Support plans sampled contained a good level of detail about people's needs, preferences and choices. Transfer over to Holmes care Group format continues and provides an opportunity for management oversight, audit and staff learning.

The provision of activities remains an area for improvement. This was being addressed as part of the provider's ongoing action to improve activities and develop connection with the local community.

We have an area for improvement outstanding that will allow future evaluation of record keeping.

This area for improvement is met.

Previous area for improvement 2

The provider should ensure dependency assessments are kept up to date, and reflect people's variable needs with sufficient staff on duty to meet them.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

This area for improvement was made on 13 September 2023.

Action taken since then

We found the number and skills mix of staff in the home are adequate to meet the needs of people receiving care. Further consideration is needed regarding people's experience of meaningful and purposeful lives. This was being addressed as part of the provider's ongoing action to improve activities and develop connection with the local community.

There was a regular assessment of the needs of people receiving care which demonstrated how the findings of the needs assessment were used to inform staffing numbers and the skills mix of staff throughout the home, at all times.

This area for improvement is met.

Previous area for improvement 3

The provider should ensure people experience safe, competent and effective support with medication. This should include ensuring that pain experienced by people is identified and addressed timeously.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This area for improvement was made on 6 July 2023.

Action taken since then

We found management had identified a small team of staff to manage and administer medication which had improved communication and mitigate risks. There had been no recent errors, issues around mid cycle changes or out of stock medication. The end of life support plan sampled contained sufficient detail to guide staff with pain management.

This area for improvement is met.

Previous area for improvement 4

To promote people's nutritional health, the provider should ensure that suitable equipment is available to regularly weigh all residents and that the recording and analysis of weights and weight loss is accurate and effective. This will help to support meaningful action to attend promptly to nutritional needs and show evaluation of nutritional risks.

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 meets my needs and is right for me' (HSCS) 1.19.

This area for improvement was made on 6 July 2023.

Action taken since then

People were seen to enjoy their meal and had no complaints about the food. Nutritional support plans sampled provided a record of people's risk assessment and evidence of review.

We found suitable equipment was available to regularly weigh people and that the manager had good oversight of recording and analysis of weights and weight loss.

This area for improvement is met.

Previous area for improvement 5

In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes.

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 6 July 2023.

Action taken since then

The provider had initiated a review of activities and an action plan had been created which included community connections. We found a clear focus on improving outcomes for people but there remained implications for staffing and staff development.

This area for improvement is not met.

Previous area for improvement 6

To support good outcomes for people the provider should ensure that as a minimum:

Staff receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed and addressed.

Staff are able to evidence how they apply this learning to practice, promoting better experiences for those receiving care.

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, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 6 July 2023.

Action taken since then

Management had re established a programme of training for all staff to complete. Training had a focus on delivering quality care and support as per the provider's expectations.

Progress was being made with the provider's training plan. training had a focus on delivering quality care and support. However, there continued to be slippage and the level of completed training was not where the provider would want it to be.

We found staff valued their training but continued to struggle with the demands on their time.

Although we found staffing had improved, regular staff meetings, supervision and appraisals had not been re established. Staff training and development was ongoing and getting a measure of the impact of training was recognised as needing time to evidence.

This area for improvement is not met.

Previous area for improvement 7

The provider should ensure that care records consistently reflect good practice and include:

Comprehensive, accurate and up to date information, reflecting assessment of people's health and care needs.

Detail of the support required and planned to maintain people's wellbeing.

Regular review and evaluation to measure the quality of service provision and effectiveness of care and treatment.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS) 1.19. and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23.

This area for improvement was made on 6 July 2023.

Action taken since then

We found work being carried out to improve care records was ongoing and management were auditing each one to ensure they held sufficient information to meet people's needs and guide staff practice. Not all care files had been transferred onto Holmes Care Group proforma and more time is needed to evidence that records accurately reflect people's assessed needs, strengths and wishes and reduce the risk of people experiencing poor outcomes.

The process of review and evaluation had not been re established.

This area for improvement is not met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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