

Forth View Care Centre Care Home Service

6 Sea Road
Methil
Leven
KY8 3DE

Telephone: 01592 716 500

Type of inspection:
Unannounced

Completed on:
10 April 2024

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2011302958

About the service

Forth View Care Centre is a purpose-built care home registered to care for up to 45 older people, of which five may be for short breaks and respite and a maximum of 10 adults with physical and sensory impairment in Loch Head Unit.

The home is part of the Balhousie Care Group. The service is located in Methil and can be easily reached using local transport networks from nearby Leven and Kirkcaldy.

Accommodation is provided over two floors. The rooms consist of single en-suite bedrooms with wet room showers. Each floor has a number of seating areas and dining areas to allow residents to make choices about where to spend their time. Small kitchen areas in the lounges are accessible to residents, relatives and visitors to the service. The garden to the rear of the building is secure and accessible from the dining room on the ground floor.

We carried out an unannounced follow-up inspection on 31 January 2024. This was to evaluate the provider's progress towards meeting the requirements and areas for improvement made at the previous inspection which was carried out on 28 August 2023. We found one requirement was not met and we made an additional area for improvement.

We carried out a further follow-up inspection on 10 April 2024 and found the outstanding requirement and area for improvement had been met. Please see the "outstanding requirements" and "outstanding areas for improvement" sections of this report for details of our findings.

About the inspection

This was an unannounced inspection which took place on 10 April 2024. The inspection was carried out by one inspector 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 five people using the service;
- spoke with six staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- Care planning had improved. This meant people received person-centred, values-led care and support.
- Additional information and guidance for staff improved the safety, consistency, and effectiveness of the care and support people received.
- Staff practice and interactions with people demonstrated respect, compassion and positive relationships.
- The manager's oversight of quality assurance continued to improve.
- Quality assurance audits were carried out by the provider's quality improvement team. This provided independent, objective feedback and identified areas for improvement.

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?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated the requirement related to supporting people's wellbeing. Significant improvements had been made which improved people's outcomes and experiences. The requirement was met. We re-evaluated the grade awarded for this key question. Please see the "outstanding requirements" section of the report for details of our findings.

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

Requirements

Requirement 1

By 8 December 2023, the provider must protect the health, welfare and safety of those who use the service. They must ensure that all personal plans support people to maintain and increase skills, abilities and independence. This must include developing a positive risk-taking culture. In order to achieve this, the provider must:

- a) ensure people using the service and/or their representatives are involved in developing and reviewing their personal plans;
- b) ensure people have access to a copy of their personal plan in a format that is accessible to them;
- c) ensure personal plans reflect people's current assessed needs with priority given to mental health, stress and distress, epilepsy and bowel care;
- d) identify, assess and mitigate risks to people;
- e) ensure personal plans detail how people need and wish to be supported to meet their needs; and
- f) evaluate personal plans on a regular basis to ensure they remain effective.

This is in order to comply with Regulation 3, 4 (1)(a),(b) and 5 (1), (2)(a),(b),(c),(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'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.' (HSCS 1.15).

This requirement was made on 28 August 2023.

Action taken on previous requirement

The service was working through a review of people's personal plans. We focused on the people living in the Lochhead unit where support is provided for younger people. We noted significant improvements in people's care plans.

Care plans were person-centred, highlighting people's strengths, abilities and what other people liked about them. This positive picture of the person supported the establishment and maintenance of trusting relationships between people using the service and staff. The language used in personal plans was respectful and demonstrated compassion and positive regard for people.

People were supported to make their own choices and decisions. For example, one person liked their hair spiked in a mohawk style with the aid of hair gel. This helped them maintain their sense of identity and self-image.

People were being supported to identify their goals and outcomes. This had a positive impact on people's self-esteem and wellbeing. One person was working alongside staff in the dining room laying and clearing tables and providing meals and drinks. They had been provided with a staff uniform and a name badge and infection protection and control training was to be provided to enhance his knowledge and understanding. We were delighted to observe the positive impact this had on their outcomes and experiences. People were being supported to make choices and decisions about their future and begin to take action.

Staff learning and development was supported on an ongoing basis by the provider's positive behaviour support advisor. The provision of training, modelling good practice and alongside support increased staff's knowledge, understanding and practice. This improved people's outcomes and experiences.

The information and guidance in people's care plans had improved. This meant the support people received was safer and more consistent and effective. People were encouraged to increase and maintain their abilities and independence. This was equipping people with the skills they needed to live in services with less support in the future if this was their wish.

Where people experienced stress and distress, person-centred, values led care plans had been developed which demonstrated staff's understanding and knowledge of people. The aim of the support was to support people to build positive coping strategies in dignified and sensitive ways.

We noted improvements in the identification and management of risk. Where risks were identified, there was clear evidence of the action that had been taken to mitigate risk as well as additional measures needed to ensure people's health, safety, and wellbeing. The provider had demonstrated their responsiveness to emerging risk by implementing new financial support systems for people. This was to reduce the risks to people, staff and the organisation. The provider should ensure people are consulted about changes and provide support to build the confidence and skills needed to manage the changes and increase their control and independence. The front page of people's care plans included information about critical risks that staff needed to be aware of, such as modified texture diets. The provider should consider if this information needs to be more prominent.

People were being supported to take positive, life-enhancing risks. This included making choices about their diets and mobility. All relevant professionals were involved to mitigate risks as much as possible but this was balanced with people's choices and quality of life decisions. We look forward to evaluating future progress at the next inspection.

Staff told us they had the opportunity and time to read people's care plans when they came on shift. Staff said this was an expectation to ensure they remained up-to-date with changes to people's needs and care.

We noted inconsistencies in the recording of people's food intake. Staff used several different terms to document the amount of food people had consumed. These included "standard portion", "some" "small amount". It was particularly important where people's low weight was a concern. We suggested liaising with Fife Health and Social Care Partnership's dietetics team for support and guidance.

The provider told us people and their representatives were offered opportunities to be involved in developing and reviewing their care plans and to have a copy of their care plan. However, some people told us this was not the case. We referred the provider to this guidance in the Health and Social Care Standards. We suggested opportunities for people and their representatives to be involved and people's choices should be recorded in their care plan.

We asked the provider to ensure that representatives have the powers to consent to restraint or restrictive practice and that this is clearly recorded.

We were pleased to find that the improvements to people's care plans and care and support was leading to better outcomes and experiences for people. This demonstrated a holistic approach and we look forward to evaluating the progress and impact on people's quality of life across the home. We suggested this would be further enhanced by the provision of training in trauma informed care for staff.

The requirement was met. We re-evaluated the grade awarded for this key question.

Met - outwith 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

In order to protect the health, safety, and wellbeing of people using the service, and improve outcomes and experiences, the provider should develop and implement quality assurance and improvement processes to demonstrate the manager's oversight of the key risks and concerns in the service and how these are being addressed.

This is to ensure that care and support reflects the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 5 February 2024.

Action taken since then

During the last inspection we were concerned that the manager was undertaking the vast majority of quality assurance audits and service development. This was not sustainable long term. However, we noted that the manager continued to delegate more of the quality assurance audits to nurses and senior care staff. This increased the competence of staff carrying out the audits and the manager's confidence in handing over aspects of quality assurance and service improvement. The manager worked alongside relevant staff to support them to develop the knowledge and skills required to carry out safe, effective and consistent quality audits. This was enabling the manager to have an oversight of the key risks in the service and focus on service improvements. The manager had amended some quality assurance tools to provide evidence their oversight of areas including the regular monitoring of people's weight. We look forward to evaluating the progress and the impact this has on people's outcomes and experiences.

The manager continued to carry out audits such as care plans, medication and wound care. The provider had a comprehensive suite of tools to assess and improve the quality of the service people received. However, we suggested the provider should consider providing guidance regarding how managers demonstrate oversight of quality assurance and service improvement.

The provider's quality improvement team provided further oversight by carrying out audits and providing additional support. This provided independent, objective assessment and identified areas for improvement. We saw evidence that the areas for improvement had been addressed. However, the provider should ensure records demonstrate areas for improvement have been met consistently across the service.

Comprehensive monthly audits were also carried out by the regional operations manager. These included gathering feedback about the service from residents, their representatives, and professional colleagues. The audits were carried out across several visits to the home throughout the month and the findings were based on various sources of evidence. This was good practice.

People living in the Lochhead unit had provided feedback about their service in a satisfaction survey. The surveys were submitted during the inspection. The provider told us they planned to collate the feedback, develop an action and development plan which would be shared with people and their representatives.

We were aware that the provider had developed a new service improvement plan (SIP) template. Plans were due to be in place by the end of April 2024. Separate SIPs were to be developed for the different units in the home. This would ensure plans reflected the different needs, choices and wishes of people living in the home.

A staff satisfaction survey had recently been issued. We look forward to evaluating the provider's response to staff's feedback and its impact.

We were satisfied that quality assurance and service improvement in the home continued to improve. We will evaluate further progress at the next inspection. In order to facilitate this, the provider should continue to identify opportunities for people and their representatives to be involved in shaping their care and support and provide regular feedback.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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