

Northeden House Care Home Service

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Cupar
KY15 4HT

Telephone: 01334 659 321

Type of inspection:
Unannounced

Completed on:
18 March 2024

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
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About the service

Northeden House is a care home for older people situated in a residential area of Cupar. It is close to local transport links, shops and community services. The service provides residential care for up to 40 people. At the time of our inspection, 29 people were living within the home.

The service provides accommodation over two floors in single bedrooms. There are five units each with a sitting room with dining area and a range of communal toilets, shower and bathrooms. One unit was not in use at the time of our inspection due to staff recruitment difficulties. There is access to the garden from the ground floor units.

About the inspection

This was an unannounced inspection which took place on 18 March 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.

This was a follow up inspection to consider whether the provider had made the improvements we had told them to make at our inspection of 08 August 2023.

In making our evaluations of the service we:

- spoke with four residents
- spoke with six staff and management
- observed the environment and daily life in the home
- reviewed documents.

Key messages

- People were receiving their medication at the right time.
- Guidance was in place to support staff to know when to administer medication prescribed "as required".
- Improvements were still required to make sure quality assurance worked in the right way to drive change.
- Maintenance checks should be clearly recorded and carried out with the right frequency to reduce the risk of injury.
- Consideration should be given to determine the right staffing levels to support people to have meaningful and planned activities each day.
- Improved oversight was needed to make sure bowel concerns were addressed quickly.

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

Requirements

Requirement 1

By 16 October 2023, the provider must ensure that the management of medications improves, to ensure that people receive their medications as prescribed. In order to do this you must as a minimum:

- a) ensure that when 'as required' medications are prescribed that there are detailed protocols that instruct staff when to administer medications
- b) ensure that where a topical medication has been prescribed, that there are clear instructions on where, how and when to apply this. This must also include ensuring that staff administer topical medication as prescribed
- c) ensure that all prescribed medications are administered in line with the prescriber instruction
- d) ensure safe management and storage of medications including keys.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) 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 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 8 August 2023.

Action taken on previous requirement

Medication records we sampled demonstrated to us that people were receiving their prescribed medication at the right times. Where people were prescribed medication on an 'as required' basis, protocols were in place to guide staff on when these should be administered. We saw good use of body maps which provided staff with a visual guide on where creams and ointments should be applied. We saw medication was stored safely and systems were in place to make sure medication keys were managed and stored safely.

We found the recording of 'as required' medication was not always completed consistently. This included providing the reason it was administered, alongside how effective the medication had been for the person. This information is important in making sure health professionals can make the right prescribing decisions. This had been identified by the senior team and considerations were being discussed as to how to improve consistency in this practice. We will look at this again during our next inspection.

We were satisfied that medication practice within the home had improved since our last inspection and that this requirement had been met.

Met - within timescales

Requirement 2

By 16 October 2023 ensure a culture of responsive and continuous improvement which meets the health, safety and wellbeing needs of supported people..

In order to do this, the service must as a minimum:

- a) ensure that all planned audits are fully completed and any necessary actions are made timeously
- b) ensure that feedback is obtained from all stakeholders
- c) ensure that the leadership team has a full overview of all audits and quality systems in place and takes action to ensure people are supported safely at all times
- d) the provider must develop the service improvement plan to include the outcomes of their quality assurance systems and findings from inspection.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 8 August 2023.

Action taken on previous requirement

During this inspection we found audits were not being completed with the frequency set by the provider. This included checks in areas such as medication, care planning and the environment. Without regular checking of key areas, people's experiences may be compromised and improvement may not be driven forward as it should be.

It is important that people experiencing care and significant people in their life such as family and other professionals are central to assuring quality. Although we saw some feedback from people had been gathered, this was limited to specific areas such as menus and activities.

It is important that the provider seeks formal feedback on key areas of how people have experienced care to fully inform how the service develops and improves.

Although an improvement plan was in place, it did not work in the right way to drive change. It is important that a clear plan is developed which is dynamic, up-to-date and provides detailed actions as to how change will be achieved. This plan should involve and be shared with residents, relatives and with the staff team.

This requirement has not been met and we have agreed an extension to 03 June 2024.

Not met

Requirement 3

By 16 October 2023, the provider must ensure that service users experience a safe and well maintained environment.

To do this the provider must, at a minimum:

- a) ensure that the premises, furnishings and equipment well-maintained
- b) ensure that maintenance records are up to date and accurate
- c) ensure the safe storage of cleaning products and chemicals.

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

This requirement was made on 8 August 2023.

Action taken on previous requirement

During our visit we found the home was clean, fresh and furnishings were in good repair. However, we were not satisfied that robust safeguards were in place to safely secure some cleaning products. Whilst sluices were found to be secure, we identified one occasion where the cupboard in the kitchen used to store washing up liquid and cleaning spray was unlocked and unattended. We also highlighted concerns to the manager that storage of the key should be more robust. The manager agreed to attend to this immediately.

It is important that equipment is regularly checked to make sure that risks of injury are reduced. We did not find these checks to be completed with the right frequency. This included checks of wheelchairs and hoists to safely move people. This could place people at greater risk.

Where issues are highlighted, it is important that records demonstrate the actions taken to ensure people are protected from harm. We did not always find this to be completed, for example for water temperatures and wheelchair safety checks. This meant we could not be fully assured that identified issues had been addressed. In addition, records used to detail water temperatures provided an inaccurate higher safe limit. Whilst the handyman was clear about safe procedures, we have asked that records be adjusted to support clarity.

This requirement has not been met and we have agreed an extension to 03 June 2024.

Not met

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 support people living in the home to experience meaningful days, the service should ensure that there are adequate social and recreational activities available to meet people's needs and interests.

This is to ensure 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 5 October 2022.

Action taken since then

Recent changes to the staff team meant activities were not being planned in the way we would expect. Whilst some special events had been held, such as St Patrick's Day celebrations, there was a lack of day-to-day activities for people to look forward to.

This was recognised by the manager and staff team who understood the importance of people having meaningful things to look forward to and take part in.

During our inspection there was no activity planned for the day. Staff were present in shared areas and took regular opportunities to chat with people and offer snacks and drinks. However, people's experiences would have been significantly improved with a greater focus on meaningful and planned activity.

Some people told us that they would like more things to do and we heard the lack of activities had also been raised by relatives during a recent meeting.

When considering the staffing requirements for the home, the provider must consider the need for people to be meaningfully occupied and engaged. **(see area for improvement 3).**

This area for improvement has not been met.

Previous area for improvement 2

To ensure that people's health needs are monitored effectively, the provider should ensure effective systems are in place where a person requires support. This includes as a minimum:

- a) monitoring safe elimination and taking action where needed
- b) health assessments to identify risk of choking and a care plan where a risk is identified
- c) effective monitoring of a person following a fall.

This should include ensuring that staff have the skills and knowledge to support people.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14) and '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 area for improvement was made on 8 August 2023.

Action taken since then

A system for making sure people were monitored after a fall was in place. This was recorded on the daily staff handover sheet which all staff read at the start of their shift. This supported good outcomes for people as staff were aware of the need for additional monitoring for bruising or injury.

A choking risk assessment had not yet been introduced. We heard that this remained under discussion by the senior team. It is important that services are able to identify people who may be at increased risk of experiencing choking. Identifying people at increased risk supports good health outcomes for people.

Records did not give assurances that there was adequate monitoring of people who may be at risk of bowel issues such as constipation. This placed people at increased risk of poor outcomes associated with this. We heard the provider and quality team were in discussions about how to progress this across the service. It is important that this is progressed as a priority, to support people who may be vulnerable to bowel concerns, to stay healthy and well. During our visit, the manager introduced immediate interim measures to improve oversight in this area.

This area for improvement has not been met.

Previous area for improvement 3

So people can be assured staffing levels are right, further review should take place to ensure staffing is flexible and that staff are deployed appropriately. This should take account of meeting people's social support needs and people's ability to summon and receive assistance.

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

This area for improvement was made on 8 August 2023.

Action taken since then

The service had an established tool to identify staffing levels within the home. In addition, to support the effectiveness of the tool, managers considered a range of intelligence to influence the number of staff available. This might include recent incidents, accidents or environmental changes. Deployment of staff was considered each day by the senior team. This made sure staff less familiar with the home were supported by experienced staff. This consideration supports good outcomes for people experiencing care.

During our inspection, we found staff had presence in each unit and calls for assistance were answered quickly. However, as identified in area for improvement 1, opportunities for people to have meaningful and planned activity was limited. A lack of activity has a significant impact on people's day-to-day experiences. In assessing the staffing requirements for the home, greater consideration must be given to how activities are planned and facilitated.

This area for improvement has not been met.

Previous area for improvement 4

To ensure that staff are supported to carry out their role well, the service should ensure that they receive regular and planned supervision. This should include observation of practice and individual feedback on this.

This is to ensure care and support is consistent with the Health and Social Care Standard 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 8 August 2023.

Action taken since then

The manager had a system in place which provided her with the right oversight of the supervision staff had received.

We heard that, due to staffing difficulties, not all staff had received an opportunity to receive one-to-one supervision. This meant the time for staff to learn through reflective practice and develop through personal learning goals was limited.

This area for improvement has not been met.

Previous area for improvement 5

To help promote people's safety and dignity, the service should review the appropriate safe storage of equipment and continence aids.

This is to ensure care and support is consistent with the Health and Social Care Standards which states 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

This area for improvement was made on 8 August 2023.

Action taken since then

Appropriate storage had now been created for containment aids and storage of equipment such as hoists. This protected people's dignity and supported safer experiences for people.

This area for improvement was 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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