

Jean Mackie Centre Care Home Service

1 Kilmartin Way
Dunfermline
KY12 0BQ

Telephone: 01383 602 357

Type of inspection:
Unannounced

Completed on:
30 April 2024

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003016298

About the service

The Jean Mackie Centre is registered as a care home to "provide a care service to a maximum of 11 older people". At the time of our inspection there were eight people staying within the home.

The home is situated in a residential area within Dunfermline, Fife. The home is on ground level only. Each person has their own room with an ensuite bathroom. There is good access to a garden area. The home provides a respite and short-break service to older people living in Fife.

About the inspection

This was an unannounced inspection which took place on 29 and 30 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:

- received the views of six people via a questionnaire and spoke with four people during our inspection
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- People's health and wellbeing improved during their stay in the home.
- People experienced person-centred and enabling care delivered with kindness and compassion.
- Some aspects of record keeping needed to improve to make sure people continued to experience positive health and wellbeing outcomes.
- People had regular opportunities to take part in planned activities.
- Concerns were identified quickly and escalated in the right way.
- Protocols to make sure staff had the right guidance to apply creams and administer 'as required' medication were needed.
- Leaders needed to ensure they had full oversight of the training staff had completed.
- Staff worked well together and strove to deliver high quality experiences for people every day.
- Change would more effectively be driven by having a dynamic and shared improvement plan.

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 staff team?	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 this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People told us they were treated with kindness, respect and dignity when being cared for in Jean Mackie Centre. One person commented upon the professionalism of the staff team which supported confidence in the care which was provided. Throughout our inspection we saw people supported with compassion by staff who strove to provide good experiences and care for people every day.

Staff delivered person-centred care, which meant they listened to and considered the needs of each individual. People told us they had choice in the way they experienced care and this was supported by the observations we made during our visits. Staff clearly knew people well and this knowledge was used to support personal choice and meaningful conversations.

People experienced positive health and wellbeing outcomes such as improved mobility and weight gain during their stay in the home. One person told us that their "wellbeing is a priority". We saw how staff worked to enable and maintain people's skills in areas such as moving around, staying connected and managing medication. People we spoke with told us staff were attentive and available to support them when needed.

Records showed us that concerns or changes in health were identified and escalated quickly by staff. This meant people received the right specialist involvement at the right time.

Medication records showed us people were receiving their medication as prescribed. It is important that, where medication is prescribed 'as required' that staff are guided on their administration by clear protocols. In addition, it is good practice to use visual body maps to identify the placement of topical medication. We did not find these to consistently be in place. To support medical practitioners to make informed decisions about 'as required' medication, it is important that care staff detail how effective the medication was. We identified occasions where this had not been recorded (**see area for improvement 1**).

Staff communicated well with each other to make sure people experienced good health outcomes. Records such as handover sheets and fluid balance charts demonstrated staff were using these in the right way to influence the care people experienced every day, to share key care needs and concerns. However, whilst we saw positive examples of record keeping, this was not consistent. Some plans of care were not person-centred and had not always been updated to reflect how staff were working with people every day. We identified occasions where records and care actions such as weight monitoring had not been completed in a timely manner. Improvements to record keeping was needed to ensure people continued to experience positive health and wellbeing outcomes (**see area for improvement 2**).

Records of incidents and accidents demonstrated staff consistently took the right action to escalate concerns and take steps to reduce the likelihood of future harm. Records were detailed, supporting good managerial oversight. We identified one occasion where a notification had not been made to the Care Inspectorate. This was highlighted to the leadership team so that this can be addressed within their own improvement planning.

During our last inspection we asked the service to improve meaningful activity within the home. We saw these experiences had significantly improved, with activities planned weekly in consultation with people in the home. This meant activities were meaningful and enjoyable. Activities were planned three times daily and we saw these being delivered with enthusiasm by the care team and enjoyed by the people taking part. The home now hosted a regular voluntary group within their dementia-friendly space. This afforded people additional opportunities to be active and remain connected with their local community.

Areas for improvement

1. To ensure people experience good health and wellbeing outcomes, the provider should review systems and processes to ensure, where appropriate, and at a minimum;

- a. protocols are consistently in place for any medication prescribed on an 'as required' basis
- b. where 'as required' medication is administered, the effect is consistently recorded
- c. visual supports are used consistently where a person is prescribed topical medication.

This is to remain 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) and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm (HSCS 3.21).

2. To ensure people continue to experience good health and wellbeing outcomes, the provider should review systems and processes to ensure personal care and support plans and identified interventions are completed in a timely manner and reflective of people's current support needs.

This is to remain 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) and "My care and support meets my needs and is right for me" (HSCS 1.19).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People commented positively about staff and had confidence in their both their abilities and teamwork. One person told us it was a "well put together and balanced team". People told us staff were attentive and available to them when needed. During our visits we saw staff were present, visible and attending quickly to people's needs. As detailed in key question 1, staff worked in ways which enabled and maintained people's skills and supported meaningful connection and engagement. This provided us with confidence that staffing levels were sufficient to support good outcomes for people living in the home.

The provider had an established process to determine staffing levels within the home. This considered the needs of people alongside additional information which may influence the number of staff on duty. This might include environmental challenges or the staffing skill mix that day. This supported responsive decision making to make sure sufficient staff were on duty to meet people's care needs.

We recognised the home had and continued to experience challenges in relation to aspects of staffing. A new manager had been in post since February 2024 and interim management arrangements had been in place prior to this. In addition, vacancies and absences had meant a reduced presence of senior social care workers in the evenings and weekends. We had confidence contingency arrangements had been put in place and the impacts of these challenges were fully understood by the leadership team. We suggested that these potential harms and contingencies should have been formally recorded within an assessment of risk to support good decision-making and risk management.

Observations we made during our inspection demonstrated a team who were working well to communicate and share information. This was supporting positive outcomes for people's health and wellbeing. We saw improvements which had been made to support better communication within the senior team through a dynamic and shared digital spreadsheet. The manager was keen to consider further ways to support the team to enhance the sharing of information.

Opportunities for staff to come together as a team and one-to-one with a senior staff member had been impacted as a result of the staffing challenges. Coming together in these ways are important to make sure staff continued to work well together and as individuals. We were confident the manager was taking the right steps to improve these opportunities for all staff.

Staff wellbeing was clearly prioritised within the service. Wellbeing events had been held within the home to focus on support for staff to remain healthy and well. We saw an appreciation board had been introduced by the manager. Acknowledging and celebrating achievements and prioritising wellbeing in this way supports a motivated and committed workforce.

To support a team who consistently work together to deliver high quality care and support, we expect leaders to have good oversight of the learning needs of staff. During this inspection we heard the training database was not providing the manager with up to date oversight. However, they had already identified and taken initial steps to address learning gaps and improve training records. Priority had been given to key care tasks such as moving and handling, medication and safeguarding. Whilst our observations and feedback provided assurance in staff knowledge and skill, it is essential that their learning remains current through ongoing training. A previous area for improvement in relation to staff training was made at our previous inspection and has been amended and restated (**see area for improvement 1**).

Although the registered manager had only been in post for a short time they had already begun to identify and make changes within the home. We found the manager was receptive to feedback and keen to drive improvements and this experience was echoed by a professional visitor we spoke with. This provided assurance that improvements would be proactively addressed. To ensure that the improvement journey is a shared vision within the team, we have asked the manager to develop a targeted improvement plan. This plan should be dynamic and informed by information such as feedback and quality checks. Planning in this way drives improvement and ensures everyone has a key role in change and development (**see area for improvement 2**).

Areas for improvement

1.

To ensure people continue to experience good health and wellbeing outcomes, the provider should ensure that all staff are up to date with the training required for their role. In order to achieve this the provider should, as a minimum;

- a. maintain an accurate staff training record and address any learning gaps
- b. ensure staffing levels are adequate to provide staff with protected learning time whilst at work.

This is to remain 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).

2. To ensure a culture of continuous improvement, the provider should develop a dynamic, accessible and shared service improvement plan with clear actions and timescales.

This is to remain consistent with 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).

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 that people living in the home have access to regular and planned activities if this is in line with their preference.

This is to remain 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 11 May 2023.

Action taken since then

Please refer to key question one for full details of our evaluation.

This area for improvement was fully met.

Previous area for improvement 2

The provider should ensure that all staff are up to date with training requirements. In order to achieve this the provider should, as a minimum:

- a. develop individual plans to address any unmet training needs with timescales for completion
- b. ensure staffing levels are adequate to provide staff with protected learning time whilst at work.

This is to remain 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).

This area for improvement was made on 11 May 2023.

Action taken since then

Please refer to key question one for full details of our evaluation.

This area for improvement was not met and has been amended and restated within this report.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.