

Methven House Care Home Care Home Service

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Kirkcaldy
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Type of inspection:
Unannounced

Completed on:
9 May 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 in a purpose built building 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 service is located next to good public transport links and has access to local amenities.

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-centred care and support plans are devised to detail how support will be delivered."

About the inspection

This was an unannounced inspection which took place on 7 and 8 May 2024. The inspection was carried out by two inspectors 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 six people using the service and three of their family and friends
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People were looked after by a staff group who knew them well.
 Medication management required further attention.
 The home had recently employed a new manager.
 Staffing levels were adequate to meet people's basic care needs.
 Infection prevention and control required further attention.
 Most care plans contained a good level of detail.

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
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as 'adequate', where there were strengths but where more work is needed to improve outcomes for people.

People using registered services should experience high quality care that is right for them. Nursing care was well managed and people benefitted from an increase in the number of nurses on duty. This meant that people's health needs could be identified and addressed promptly. There was good falls risk management, including falls monitoring, which meant people could be confident about what was being done to reduce the risk of injury.

We found a reduction in the number of agency staff which reduced the risk of people being unfamiliar with who was delivering their care and support. Staff provided a good account of their training and knew the people in their care well. This meant they could identify and report people's changing health needs. However, we continued to observe some task orientated practice. Staff time was spent ensuring basic care and support needs were met but with little time to provide meaningful activity. For people who had more complex needs or were physically frailer, there was a lack of social stimulation. Some people had limited social interactions outwith those which happened during basic care tasks. This impacted negatively on their health and wellbeing. The home benefitted from two additional staff who provided some one to one interactions and some group activities and entertainments. This aspect of care required further development in order to be fully effective. A previous area for improvement is not met. See 'what the service has done to meet previous areas for improvement'.

People's health and wellbeing should benefit from their care and support and medication management systems should be robust. Although the service had been working to address previous concerns with their medication management system, issues remained. The manager was aware of the need to identify the cause of the issues and find a solution. A requirement is made. See requirement 1.

We found good oversight and management of people's food and nutrition and people enjoyed the food and drinks provided. We found choice was available at each mealtime and alternatives were provided for those who requested them. Although people were generally well supported over mealtimes, the whole process was task orientated and limited people's experience of what could be a highlight in their day.

Requirements

1. By 1 July 2024 the provider must protect the health and welfare of those who use the service. In particular, you must ensure that medication is managed in a manner that is safe. In order to achieve this, you must:

- a) identify the reason current systems do not provide assurance
- b) mitigate the risk associated with inaccurate accounts of medication on site
- c) ensure accurate records are maintained.

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 care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

How good is our leadership?

3 - Adequate

We evaluated this key question as 'adequate', where there are some strengths which outweigh areas of weakness. This evaluation reflects the period of transition in which we found the service. The new care home manager had been in post for a very short period. The transition over to the new manager was being supported by the organisation's senior team.

Systems and processes were in place to ensure that quality assurance was ongoing within the home. Quality assurance covered a variety of elements, including the environment, care planning, nutrition and wound management. Additional quality checks had been carried out by members of the organisation's quality team over recent months.

It was clear from documentation that actions had been taken to address issues raised through the ongoing quality assurance checks. A number of improvements had not, however, been sustained. The new manager was aware that further work would be required to develop systems and practice in order to maintain standards over time.

Staff felt well supported by the senior team however a programme of staff supervisions and appraisals had not yet been fully scheduled. These are important in order to measure the effectiveness of training, support staff and plan future training and improvements. A previous area for improvement had not been met. Please see 'what the service has done to meet previous areas for improvement' for details.

It is important that leaders respond to the needs, outcomes and wishes of those using the service and use these as the drivers for change. There were limited opportunities for people to feedback about their experience of living in the service or contribute to meaningful change. The new manager was aware of the need to gather thoughts and opinions from people, their relatives and from staff, in order to ensure that change and improvement was responsive.

How good is our staff team?

3 - Adequate

We evaluated this key question as 'adequate', where strengths just outweigh weaknesses. Improvements should be made by building on strengths to ensure positive outcomes for people.

Staffing arrangements should be right and meet the needs of people living in the service. Staff were working hard to meet people's basic needs. Staff were deployed over the three floors of the home with consideration given to skill mix and experience. Nursing or senior carer cover was provided on each floor. Although the home was still using agency workers to cover some shifts, this had reduced from previous levels. This meant that there was a more consistent staff team who knew people well.

Although the home was using a dedicated tool to assess dependency and staffing needs, this did not always seem to reflect the reality of care needs in the home. People's basic needs were being met in an organised and scheduled way. In some areas of the home this meant a process of routine checks and care input throughout the day. The staffing level allowed for this process of care but did not always allow staff to provide additional social and emotional support.

This meant that people were not always living as active and meaningful lives as they could. Additional consideration of the overall structure of the day would benefit the service. Input from people living in the service, their relatives and staff should contribute to any changes made.

Staff had been undergoing a period of training and development. A variety of courses had been made available and staff were able to reflect constructively on their learning. The service should continue to work towards training which is reflective of staff's needs and is responsive to the needs of people living in the service. This will be more possible once a schedule of supervision and appraisal is in place.

Feedback from people living in the home and their relatives was positive. One person said, 'the staff are wonderful.' One relative said 'staff are wonderful with him and with us' and 'it's like a home from home.' Overall people felt that their loved ones were safe and well cared for. Staff were reported to be welcoming and kind.

How good is our setting?

3 - Adequate

We evaluated this key question as 'adequate', where strengths just outweigh weaknesses. Improvements must be made by building on strengths to ensure positive outcomes for people.

The home had a quiet, relaxed atmosphere. People had a choice of where they wanted to spend their time. People enjoyed company in the sitting room areas if they were able, whilst others were nursed in bed, or preferred to be in their own rooms. People enjoyed entertainment which took place in the large ground floor dining room. From here people could also be assisted out into a secure garden area.

The home needed some redecoration but we found the home to be clean, odour free and well maintained. Bedrooms were spacious and personalised. We noted that there was some good signage around the home and at a height that residents could easily read if able.

Communal areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively. Care equipment such as bed mattresses, bed rails and shower chairs were cleaned regularly and following current best practice guidance. Equipment was maintained well, with safety checks being carried out at planned intervals. We found efficient systems for people to raise any day-to-day maintenance issues. This helped to ensure people were safe and enjoyed a pleasant home environment.

Some aspects of cleaning and infection prevention and control were not being well attended to. Items of kitchen and dinette equipment were not clean. Despite quality assurance checks improvements in this area had not been sustained. This created a potential health risk. Outside clinical waste bins were not secure. This created a contamination risk. A requirement is made. See requirement 1.

Housekeeping staff had access to the training and supplies they needed however continued to feel the impact of workforce pressure. At times, short notice absence and where they may be deployed to cover shifts in the kitchen or laundry.

Requirements

1. By 1 July 2024 the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular the provider must:

- a) ensure that within the unit dinettes, the Bain Maries and fridges are clean
- b) ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance.

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 is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.2).

How well is our care and support planned?

4 - Good

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

Overall, risk assessments to assess resident's care needs were carried out regularly and then used to inform the plan of care. There was a multidisciplinary approach to assessment, planning and reviewing care and support. This was evident from records of professional's visits. We found most care records contained sufficient detail to guide staff in delivering day to day care. Some care records to support people with stress and distress reactions were incomplete. They did not fully guide care or promote a consistent approach. This is especially important when people are receiving medication as part of their stress management plan. We brought this to the attention of the manager.

There were clearly efforts to ensure care records were completed consistently and that person-centred care was being recorded. People and their relatives had been involved in a variety of aspects of care planning and development. Where people required any restrictions in order to stay safe, we could see that the correct people had been consulted. Families reported that they felt fully involved and included in their loved one's care.

Improvements in record keeping were ongoing. There had been considerable work to develop care records since the last inspection. Further work was required in order to ensure that all care files met the provider's expected standard. Staff training needs had been identified and actions had begun to address issues which had emerged during care plan audits. The new manager was aware of the need for ongoing improvement. An area for improvement is not yet met. Please see 'what the service has done to meet previous areas for improvement'.

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 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.

This area for improvement was made on 6 July 2023.

Action taken since then

The service was in a period of transition over to a new manager. The provider was actively trying to recruit a new activities co-ordinator but the post was vacant at the time of the inspection. Two staff who were previously allocated other duties were working hard to provide ongoing activity and entertainment to the people living in the home. A number of creative projects and group activities had taken place. People were observed to be engaging well with the activities on offer. Although there was some planning and evaluation of activities taking place there was further work required in order to ensure that everybody had a meaningful day. This area for improvement is not yet met.

Previous area for improvement 2

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

- a) staff receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed and addressed
- b) 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

This new manager was aware of the need to develop a schedule for supervision and appraisal but this had not yet taken place. This area for improvement is not yet met.

Previous area for improvement 3

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

- a) comprehensive, accurate and up to date information, reflecting assessment of people's health and care needs
- b) detail of the support required and planned to maintain people's wellbeing
- c) 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

The service had made good progress with developing and improving care plans. Most care plans were of a good standard, however this was inconsistent. Care plans which guided the care of people with stress and distress required further work. These were sometimes unclear and did not provide sufficient detail with which to guide the administration of 'as required' medication. 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.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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