

Northeden House Care Home Service

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Cupar
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Telephone: 01334 659 321

Type of inspection:
Unannounced

Completed on:
25 June 2024

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003006835

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. There is access to the garden from the ground floor units.

About the inspection

This was an unannounced inspection which took place between 17 June and 25 June 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 seven people living in the home and received the views of ten people via a questionnaire
- observed the experiences for people less able to tell us their views
- spoke with five relatives
- spoke with 14 staff and management
- received the views of two visiting professionals
- observed the environment and daily life in the home
- reviewed documents.

Key messages

- People were cared for by staff who were kind, compassionate and worked hard to make sure people had good experiences every day.
- Staffing arrangements worked in the right way to ensure people were safe and well cared for.
- Opportunities for people to take part in meaningful activity had significantly improved since our last visit.
- People experienced care in a homely and safe environment.
- The manager of the home led by positive example and was held in high regard.
- Improvements were needed to make sure significant events were consistently escalated and reported in the right way.
- Records to support staff to make informed decisions on when to administer laxative medication needed to improve.
- Action was needed to make sure staff had completed all the training expected for their role.

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 leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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 experienced care from kind and compassionate staff who worked hard to make sure people had good experiences every day. Throughout our inspection we saw staff using their understanding of people to hold meaningful conversations and to guide person-centred care. This meant that people's preferences were respected and followed. This was confirmed by people we spoke with, who told us they felt treated kindly, fairly and with dignity and respect. One person said; "I love all the staff - they are like my family" and a relative commented; "fantastic care here - staff cannot do enough for people. They know what people need. You can see that every time you come".

Since our last inspection, opportunities for people to be active and stimulated had significantly improved. Consulting with people meant activities were planned every day based on what people had asked for. This included regular opportunities to spend time away from the home. In addition to planned activities, staff were motivated and had time to chat with people or organise smaller group or one to one activities. Staff we spoke with told us the positive impact on people's health and wellbeing because of these improvements. We heard people were happier and were eating and drinking more. Whilst people we spoke with were happy with activities, people who responded to our questionnaire told us they often felt bored. We shared these findings with the manager. We were confident that activities would remain a priority within the home and any changes would be based on consultation with people. We made suggestions for improvement, such as connecting with the local community and evaluating meaningful activity within people's plans of support.

Records demonstrated staff escalated health concerns to medical professionals quickly. This supported people to receive the right support at the right time. People we spoke with had confidence that staff recognised health changes quickly and took swift action to seek medical advice. One relative said; "I feel confident (my relative) is cared for" and another commented "when he has taken unwell they call health services straight away - no delays". Staff used written records and assessments well to identify concerns and support good decisions. However, this was not consistent. Where people were at risk of constipation. We identified occasions where records were not supporting staff to make good decisions about when to administer laxative medication. This could impact negatively upon people's health outcomes (**please refer to key question 5 for more information**).

People can be confident that they are receiving their regular medication in the right way. Where people received medication on an 'as required' basis, detailed and personalised protocols had been developed. This meant staff were clear about when to administer this medication. However, we noted the recording of this medication needed to improve to support good health and wellbeing decisions. This included consistent recording of how well the medication had worked to improve the person's symptoms. We saw this had already been identified through the regular checks completed by senior staff.

We had confidence people were getting the right support with food and drinks. Throughout our inspection we saw people being offered and supported with regular drinks and snacks. Mealtimes were relaxed and unhurried, with people receiving the support which was right for them. This supported good health outcomes for people.

We suggested the manager considers the role of staff champions within the home in areas such as infection prevention and control, medication and supporting people experiencing stress/distress. This way of working supports staff development and good outcomes for people living in the home.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

We had previously told the provider to improve how the quality of the home was assured. During this inspection we found significant improvements in this area. Regular checking in key areas of care and support meant issues were being identified and acted upon. This supported the home to continually improve. A clear improvement plan which had been shared with staff meant everyone was clear about the changes being made and their role in supporting change. As a result, the improvement journey for the home was one which everyone was committed and motivated to be on.

It was clear that listening to people's views underpinned service change and development. Feedback was gathered in a range of ways such as questionnaires and small focused meetings. A number of people who completed a questionnaire prior to our inspection told us they did not feel involved in the way the home was run. This was shared with the manager for consideration on how to support everyone to feel involved.

It is important that significant events are escalated and reported in the right way. We identified occasions where protection concerns had not been escalated as we would expect. In addition, we highlighted several occasions where the Care Inspectorate had not been notified of reportable accidents within the home. A lack of consistency in these processes can place people at increased risk of harm. An examination of training records also showed us a significant proportion of staff were not up-to-date with adult support and protection training. It was clear that improvements were needed to both understanding of escalation and reporting processes to make sure people were consistently protected (**see requirement 1**). We recognised the proactive response from the manager during our inspection to support improvements in this area. This included sourcing appropriate training for all staff and guidance for the senior team.

The manager of the home was held in high regard by all staff. We heard she was approachable, supportive and led by positive example. Being open to visiting professionals demonstrated a willingness to learn from the expertise and experiences of others. One visiting professional highlighted the manager's proactive response to professional feedback. This supported people to benefit from care and support based on current good practice.

We had previously asked the service to consider the introduction of a choking screening tool. We heard this was still under consideration. During this inspection we identified the service did not have a choking policy. It is important that this is developed to support safe experiences for people living in the home (**see area for improvement 1**).

Requirements

1. By 28 August 2024, the provider must ensure that service users receive care that meets their health, safety and wellbeing needs and enables them to experience care which protects them from harm.

To do this, the provider must, at a minimum, ensure:

- a. appropriate and timely protection referrals and notifications are made to relevant agencies and individuals. This must include, but not be limited to social work services, police and Care Inspectorate
- b. all staff are up-to-date in adult support and protection training and are confident in their role in escalating concerns
- c. that the registered manager has full oversight of all significant events within the registered service.

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) and;

To ensure care is consistent with the Health and Social Care Standards (HSCS) which state that;

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

Areas for improvement

1. To ensure people are protected from the risk of choking, the provider should develop a clear policy on how this risk will be proactively addressed by staff and leaders.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

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 had confidence that staff worked well together and had the right skills to care and support them in the right way. We heard staff were always available to support them and came quickly when called. Throughout our inspection we saw staff being available to support and spend time with people. People spoke positively about the staff within the home. Comments included; "Oh yes, the staff are first class. I cannot say a bad word" and "staff are very friendly and make everyone feel welcomed".

The home had an established system to make sure staffing arrangements were right to meet the needs of people living in the home. We had full assurance that this included an analysis of each person's needs and was responsive when these needs changed. Throughout our inspection we saw staff working skilfully to deploy staff in the right way. This made sure staff were available to observe people who might be at risk, such as from falling. Staff we spoke with confirmed they were able to provide person-centred and enabling care as a result of the staffing levels within the home. We had confidence the home had a responsive and informed approach to deciding staffing arrangements each day.

The home had experienced significant challenges as a result of staff vacancies. This is an issue across the social care sector and can particularly impact upon more rural services such as Northeden House. We had full confidence the home had worked hard to minimise the impact of this by using consistent relief or agency staff. As a result, visitors we spoke to told us they see familiar faces every time they visit and people living in the home enjoyed positive relationships from staff who knew them well.

It was pleasing to hear the home had recently recruited six new staff. A focus on their early learning experiences meant staff were already aware of the standards and values which should underpin their work. Shadowing experienced staff made sure new staff had confidence in their role before working with people alone. This supported good experiences for people living in the home.

Whilst we had confidence people were being cared for by staff who were confident in their role, we identified gaps in the expected learning staff should undertake. This included key care areas of moving and handling, adult protection, dysphagia and dementia care. It is important that the manager has an up-to-date training record for all staff and takes planned action to address learning gaps (**see area for improvement 1**).

We had previously asked the provider to make sure staff have regular and planned opportunities to experience one to one supervision. These provide staff with opportunities to reflect on their practice and identify personal learning goals. Whilst we saw improvements in these opportunities, there had been an impact on the regularity as a result of senior staff absence. As a result, we have re-stated this area for improvement within this report (**see area for improvement 2**).

Areas for improvement

1. To ensure people experience care from staff who are skilled and knowledgeable, the provider should;

- a. ensure they have up-to-date training records for each staff member
- b. take action to address any learning gaps.

This is to ensure care 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)

2. To ensure that staff are supported to carry out their role well, the provider 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 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)

How good is our setting?

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 experienced care within a homely, clean and peaceful home. During our visits, we consistently found the home to be clean, warm and fresh. Relatives we spoke with told us they felt reassured that they always found the home clean and free from odours. This gave them assurances that their relative received the right care and support to manage their personal care.

The home was arranged into small units. Each unit had a lounge and dining area which supported people to experience company and enjoy meals with a small group of people. Mealtimes were unhurried, relaxed and staff were available to support when needed. We felt the environment was supporting good health and wellbeing outcomes for people through the living arrangements people experienced.

Doors were open, meaning people could move around freely around the home. All three units downstairs had good access to an enclosed garden area. We highlighted to the manager that, although safe, the garden area looked somewhat overgrown and in need of tidying. We were assured this had been identified and solutions currently being sought. This would ensure people could enjoy being outside in a pleasant setting.

We had previously told the service to improve the safety and maintenance checks which were undertaken. During this inspection we found all checks had been completed with the right frequency. Where faults were identified, these had been fixed quickly. All equipment and furnishings we checked were in good repair and clean. This gave us assurances that people experienced care within a safe and well-maintained environment.

People with cognitive impairment, such as dementia, can face challenges when moving around and identifying areas such as bathrooms, toilets and their own room. We felt improvements could be made to the environment to support people to move around more confidently. We sign-posted the manager to the Kings Fund tool for support in making these changes.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

We saw some good examples of records and plans working to support good health and wellbeing experiences for people. This included records of professional visits where outcomes were clearly recorded and followed up. Where a risk was identified, a clear plan was in place detailing the safety arrangements in place. We saw these were consistently reviewed following a significant event, such as a fall. This responsive way of working and updating records protected people from harm.

However, as detailed in key question 1, we identified issues in relation to how records were supporting staff to make good decisions about when to administer laxative medication. During our inspection we identified occasions where the opportunity to administer this medication had been missed. This had the potential to impact negatively on people's health outcomes. Staff confirmed to us it was challenging to have the right oversight with the current recording system. We had previously asked the service to make improvements to these records. We recognised the improvements which had already been made to develop clear and personalised protocols and deliver staff learning in supporting bowel management.

However, a further review was necessary to make sure records consistently supported good decisions in when to administer laxative medication **(see area for improvement 1)**.

Whilst we saw good examples of personalised and detailed plans of support and care, this was not consistent. Some records lacked detail and this could impact upon people's experiences. We had confidence that recently improved auditing of people's plans of support and care would support improvements in this area. Issues we identified such as a lack of consistency in personalised information had also been recognised by the senior team. Further training for staff was planned to support improvements in these records.

People and those significant to them had been supported to consider future planning for their care. This is important in making sure people's wishes and preferences are always considered. We saw these records being used to support good decision making with other health professionals.

It is important that people's care needs are meaningfully evaluated. The current way of working does not always evidence how this evaluation has been undertaken. This was shared with the manager during our feedback for consideration on how this could be further developed.

Areas for improvement

1. To ensure people consistently experience positive health and wellbeing outcomes, the provider should ensure effective systems are in place to monitor safe elimination and take action where needed.

This is to ensure care and support is consistent with the Health and Social Care Standards 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) and;

"Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

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

Requirements

Requirement 1

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 with an agreed extension for completion of 03 June 2024.

This requirement was made on 8 August 2023.

Action taken on previous requirement

Please refer to key question two for details of how this requirement has been fully met.

Met - outwith timescales

Requirement 2

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 with an agreed extension for completion of 03 June 2024.

This requirement was made on 8 August 2023.

Action taken on previous requirement

Please refer to key question four for details of how this requirement has been fully met.

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

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

Please refer to key question one for details of how this area for improvement has been fully 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

We were not satisfied that records were consistently supporting staff to make good decisions in ensuring safe elimination. This element of the area for improvement has been reworded and restated within key question five.

We have asked the provider to develop a choking policy to support safe experiences for people. This element of the area for improvement has been reworded and restated within key question two.

We were fully satisfied that staff understood their responsibilities to carry out post fall monitoring. This element of the area for improvement was 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

Please refer to key question three for details of how this area for improvement has been fully 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

Please refer to key question three for details of how improvements have progressed in this area. We did not consider this area for improvement to be fully met and, as such, this has been 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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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