

Alexander House Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
17 June 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000159

About the service

Alexander House Care Home is a care home for older people situated in the residential area of Crossgates, Fife, close to local transport links, shops and community services. The service provides nursing and social care for up to 44 people. The home has a pleasant garden area and accommodation is provided over three floors. All rooms have en-suite toilets and shower facilities, and four rooms can accommodate couples. Each floor has an open plan lounge/dining room and a passenger lift.

Alexander House Care Home was re-registered with the Care Inspectorate on 05 June 2023 to provide 24 hour care and support for up to 40 people. The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was a full inspection which took place on 12, 13 and 17 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 six people using the service and five of their family members.
- Spoke with six staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with two visiting professionals.

Key messages

- The service continued to go through a period of managerial instability. The operations manager was being supported by two other home managers to oversee Alexander House. Recruitment to leadership posts was underway.
- We saw some kind interactions between staff and supported people.
- Staff learning, development and support had improved. Staff now reflected on their learning opportunities during supervision sessions.
- Care plans continued to require development to ensure that they have appropriate information about how best to support people.

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?	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?

3 - Adequate

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

We observed many respectful and warm interactions between staff and people living in the home. People appeared comfortable and relaxed in the presence of staff. We could see that most staff worked hard to meet people's care needs. However, we witnessed a few opportunities for staff to interact meaningfully with people. A few residents and families commented that some staff were less communicative. It is important to communicate well to promote people's confidence and wellbeing.

People should expect to be given support with eating and drinking in a dignified way and have their personal preferences respected. Mealtimes appeared to be a calm, pleasant part of the day. People could choose to dine in the communal dining room or their own room if they wished.

We found that a person was to have their food and fluid intake monitored, however, the person did not meet their intake target over the previous week. This was not being monitored consistently and steps were not taken by staff to address this. There was not good oversight of this health need and could impact negatively on the person's health. A requirement has been made at previous inspections and is continued (Requirement one).

Medication assessment and administration was carried out by nurses and team leaders who had received training, to ensure that they carried out medication administration competently and safely. We sampled the service's medication system and procedures and found that people were receiving their medication as prescribed.

However, there were areas where improvement was needed. We found two un-prescribed medications in a staff office, this was not held securely. This was highlighted at the time of inspection and was addressed. This was a risk to vulnerable people.

The temperature in one medication room was significantly higher than it should have been and this could potentially impact the efficacy of stored medications.

A few entries had been made on the medication administration sheet by hand, these did not demonstrate the source of the prescription or the signatures of two people making the record. This is important to ensure that entries are accurate and as intended by the prescriber.

As required medication protocols for medication to be taken to support a person when experiencing stress or distress did not provide any guidance to staff about steps to try before needing to use medication. This is important to ensure a person is supported well. (Area for improvement one).

One person we spoke with required support to maintain good skin health. They told us that care staff were attentive and regularly supported him to reposition. He felt that his skin had improved since living in the home. This was a positive outcome for him.

We found two incomplete wound care plans. Whilst the wound care treatment plans were appropriate there were some gaps in wound management frequency where wounds had not been treated timeously. This increased risk of wound deterioration and impacting on a person's recovery. (Area for improvement two).

People's health needs were being met through links with healthcare professionals. One visiting professional told us they were confident that staff would make appropriate referrals to them.

Requirements

1. By 30 August 2024 the provider must ensure positive outcomes for people who use this service, the provider must be able to demonstrate that fluid and nutritional needs of people who use the service are regularly assessed and adequately met. In order to achieve this, the provider must:

- a) Demonstrate that all staff have a clear understanding of the appropriate management of food and fluid intake.
- b) Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- c) Ensure that records for recording the intake of fluids gives a target amount to be taken over 24 hours.
- d) Ensure that any food and fluid intake charts are accurately maintained.
- e) Ensure that the evaluation of food and fluid charts informs any changes to the care plan.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

Areas for improvement

1.
The provider should ensure a consistent approach to medication administration the provider should ensure:

- "As required" medication protocols are in place for anyone in receipt of "as required" medication including any non-pharmacological intervention strategies to be used, prior to administration of as required medication. The outcome of any "as required" medication administered should also be recorded on the reverse of the medication administration recording sheet.
- Ensuring that any source of medication in the home is stored securely in order to protect vulnerable people.
- Ensuring that storage facilities for medication are maintained at an optimal temperature.

This ensures 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)

2. To ensure people's skincare needs are met, the provider should ensure that all wounds are treated in a timely way in order to promote good skin health.

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

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question, as strengths just outweighed weaknesses. There was no registered manager at the time of this inspection. The interim leadership team were working to identify issues and make improvements where needed in order to build on the strengths and address elements, which were not contributing to positive outcomes for people.

Several residents, families and staff commented that there had been a high turnover of managers. Comments included 'I think there has been about six managers in the last couple of years - don't always know who to speak to' and 'the frequent changes are unsettling and impacting on people's support'. It is important that the leadership team maintain good communication with all groups to keep them informed and to hear and act on their views. (see area for improvement one)

The service had a range of quality assurance processes including resident care, environment and staffing. These processes were used to ensure identify and improve outcomes for people. This is important to ensure a culture of continuous improvement for people living in the service.

The interim leadership team were in the process of reviewing in house and external audit information. Following a full analysis of these and other information gathered about the service the leadership planned to implement a service improvement plan. It is important to gain an overview of the service performance from a range of stakeholders to take account of people's views. (see area for improvement two)

Areas for improvement

1.
The provider should ensure that all stakeholders (particularly people living in the home and their families) are kept informed of management arrangements and are kept up to date with any changes. This is to ensure that people feel confident in the leadership arrangements and who to approach if they need support. This is to ensure that care and support is consistent with Health and Social Care Standards which state that "I use a service and organisation that are well led and managed". (HSCS 4.23)

2. The provider should ensure that audit processes are effective in identifying areas for improvement and use these findings as well as findings from other sources such as inspection and the views of others to implement a development/improvement plan that identifies who is responsible for the improvement and timescales for that work to be undertaken. This is to ensure that care and support is consistent with 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)

How good is our staff team?

3 - Adequate

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

We identified strengths in staff's skills, knowledge and competence which had a positive impact on people's outcomes and experiences. However, key areas needed to improve.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

The service had carried out a training needs analysis. Staff training records showed staff had access to a variety of training to support them to carry out their role and had carried out mandatory training. Staff we spoke with expressed satisfaction with the training provided and said it helped them carry out their role.

Staff supervisions were being re-established giving staff the opportunity for positive and constructive feedback on their practice and to support staff to reflect themselves on their learning and practice. This was important to identify and address staff training and support needs. Staff supervision is an important tool not only to support staff but also to obtain feedback from staff that could contribute to improved practice. (Area for improvement one).

Although staff were visible, we saw that they were busy and periodically were working under pressure. This meant that at times people had to wait for carers to become available. Families commented that care staff were very busy, this included their relatives not always receiving support such as to go to toilet timeously, but positively on the qualities of care staff. A few relatives commented that it could be difficult to find staff. It is important that people receive the care and support they need timeously. (Area for improvement two).

The service used agency staff whilst they recruited for regular staff. They tried to ensure that the agency staff were regular to ensure consistency of care and support for people.

We found that staff recruitment practices had been adhered to. Records of newly appointed staff demonstrated that staff had commenced employment with all the necessary checks being in place. This helped to ensure that staff were suitable for employment.

Areas for improvement

1. The provider should ensure staff receive regular supervision to ensure learning and development needs are assessed and for reflective review of the learning experience.

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).

2. The provider should ensure that staff are deployed in such a way that benefits people using the service and to ensure availability of staff to support people timeously. This should include taking account of the views of staff, people using the service and their relatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: " My needs are met by the right number of people" (HSCS 3.15) and "I am confident that people respond promptly, including when I ask for help (HSCS 3.17)

How good is our setting?

4 - Good

We evaluated this key question as good, where there is a number of strengths which outweigh the areas for improvement.

The home had a relaxed welcoming atmosphere. People had a choice of where they wanted to spend their time. Some people enjoyed company in sitting areas, whilst others preferred to be in their own rooms.

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 chair were cleaned regularly. Appropriate audits and quality assurances were in place to promote good standards of cleanliness.

Equipment was maintained well, with safety checks being carried at planned intervals.

We identified an area for improvement at the last inspection that outside space should be made safe and secure. The outside space had now been repaired and this meant that people could use the outdoor spaces independently. Plans were in place for people to be involved in potting up bedding plants if gardening was of interest. This helped to promote independence and for people to follow their interests.

How well is our care and support planned?

3 - Adequate

We considered how well the service supported people's wellbeing and evaluated this key area as overall 'adequate'. Whilst the strengths had a positive impact, key areas need to improve.

People's individual needs and preferences need to be central to deliver positive outcomes for people. Although, we saw some examples of personalised care planning, this was not consistent. This is important to ensure that people are supported in their preferred way.

The provider had future plans to move to an electronic care plan system and as part of a lead into this were planning to move to paper care planning following the electronic system. They should take this opportunity to improve the quality of the plans ensuring staff have the appropriate skills to take this forward. People and their families where appropriate should be involved in compiling their care plans to ensure that they included their wishes and preferences.

Most plans contained relevant information, however, some plans needed to be updated. These plans did not clearly identify people's support needs or how to meet these. This included wound management and support with eating and drinking plans and associated documents. It is important that clear and accurate guidance is in place to help staff deliver the correct care for people.

In assessing this quality indicator we took into account the findings of 1.3 where we could not be assured that care was being delivered as intended (food and fluid monitoring/ wound care) where charts were not fully completed. See requirement one in key question 3 - How do we support people's wellbeing?

.See amended area for improvement.

Areas for improvement

1. To ensure positive outcomes for people who use this service the provider should;

a) Be able to demonstrate that personal care documentation and records are accurate, sufficiently detailed and reflect the care/support planned and provided.

b) Ensure that people and their families (where appropriate) are invited to contribute to the plans.

c) Be able to show evidence of regular ongoing monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities, to meet people's personal care needs and can demonstrate this through their practice.

This is to ensure that the 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)

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

Requirements

Requirement 1

The provider must ensure positive outcomes for people who use this service. The provider must demonstrate that fluid and nutritional needs of people who use the service are regularly assessed and adequately met. In order to achieve this, the provider must:

- a) Demonstrate that all staff have a clear understanding of the appropriate management of food and fluid intake.
- b) Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- c) Ensure that records for recording the intake of fluids gives a target amount to be taken over 24 hours.
- d) Ensure that any food and fluid intake charts are accurately maintained.
- e) Ensure that the evaluation of food and fluid charts informs any changes to the care plan.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

This requirement was made on 29 May 2023.

Action taken on previous requirement

Food and fluid charts were not consistently up to date. We found gaps in records and that no evaluation of daily intake was made on occasion. This meant that staff did not have an overview of people's intake. This is important to maintain good nutrition and hydration. Please see Key Question One "How well do we support people's wellbeing?".

Not met

Requirement 2

The provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing needs of people receiving care are met, and they experience positive outcomes.

To do this the provider must, at a minimum:

- a) Ensure appropriate and effective leadership of the service.
- b) Implement accurate and up-to-date audits for monitoring and checking the quality of the service are in place, and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay.
- c) Ensure that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.

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

This is to ensure that the care and support is 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)

This requirement was made on 5 June 2023.

This requirement was made on 5 June 2023.

Action taken on previous requirement

The home was being managed on an interim basis by an operations manager supported by two home managers when required. They were in the process of establishing through quality assurance systems the performance of the service. Please refer to Key Question 2 "How good is our leadership?". The leadership team used a range of audit processes to evaluate how well the service was working. The service should now implement an improvement plan to help drive the service forward. Two areas for improvement are made.

Met - outwith timescales

Requirement 3

By 17 November 2023, in order that people experience good outcomes, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to: restraint and restrictive practice, stress and distress, dementia, pain management and epilepsy.

In order to achieve this, the provider must:

- a) Carry out staff training needs analysis on regular basis.
- b) Ensure the content of training is person-centred to the needs of people using the service.
- c) Develop and implement systems to ensure learning is transferred into practice.
- d) Ensure staff's knowledge, skills and understanding remains current and meets best practice standards.

This is in order to comply with Regulation 15 (b)(i) 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 (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 requirement was made on 5 June 2023.

Action taken on previous requirement

The service had carried out a training needs analysis. Staff training records showed staff had access to a variety of training to support them to carry out their role and had carried out mandatory training. The majority of staff had undertaken mandatory training and a plan was in progress to ensure the completion of this for all staff.

Staff we spoke with expressed satisfaction with the training provided and said it helped them carry out their role.

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 ensure positive outcomes for people who use this service the provider should;

- a) Be able to demonstrate that personal care documentation and records are accurate, sufficiently detailed and reflect the care/support planned and provided.
- b) Be able to show evidence of regular ongoing monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities, to meet people's personal care needs and can demonstrate this through their practice.

This is to ensure that the 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 area for improvement was made on 29 May 2023.

Action taken since then

We found that personal care documentation and records needed further development to reflect people's support needs. Food and fluid charts remained incomplete and this meant that the service did not have a clear overview of people's wellbeing. An amended area for improvement is made.

Previous area for improvement 2

To ensure people get the most out of life, the provider should ensure that there are opportunities to participate in a range of activities that have a positive impact on people's sense of wellbeing and belonging.

This is to ensure that the 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 29 May 2023.

Action taken since then

People commented positively on the provision of activities. The activity team had increased opportunities for people to participate in individual activities, 1:1 sessions. The service shared the use of minibuses with other homes in the group. This meant that people could get out and about to places of interest. The leadership team planned to review the range of trips to take account of people's interests and preferences. This was to be carried out through consultation with people.

This area for improvement is met.

Previous area for improvement 3

The provider should ensure that accurate records of complaints made by people are maintained. These should include details of the date received, issues raised, action taken, outcome of the investigation and details of how the service informed the complainant about the outcome.

This is to ensure that the care and support 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)

This area for improvement was made on 29 May 2023.

Action taken since then

The service had followed their complaint policy in relation to any formal concerns/complaints that had been raised. This included acknowledging, investigating and informing the complainant of the outcome. Informal complaints were also recorded, however, the outcome was not always recorded. The manager discussed that these had been informally resolved. It would be appropriate to record the outcome of all concerns.

This area for improvement is met.

Previous area for improvement 4

To ensure people get the most out of life, the provider should ensure that the available outside space is safe and secure. This would provide opportunities that could have a positive impact on people's sense of wellbeing and belonging.

This is to ensure that the 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 17 August 2023.

Action taken since then

The outside space had now been repaired and this meant that people could use the outdoor spaces independently. Plans were in place for people to be involved in potting up bedding plants if gardening was of interest. This helped to promote independence and for people to follow their interests.

This area for improvement is 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?	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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