

Kingsmills Care Home Care Home Service

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Inverness
IV2 3RE

Telephone: 01463 240 555

Type of inspection:
Unannounced

Completed on:
17 July 2024

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Service no:
CS2019378593

About the service

Kingsmills Care Home is located in a purpose-built, two storey premises, situated in a residential area of Inverness, close to the city centre, local amenities and transport links.

There are 60 bedrooms with en-suite facilities comprising toilet and wash hand basins as well as a range of spacious communal living spaces and welfare facilities across both floors of the home.

The Provider is Renaissance Care (No1) Limited.

About the inspection

This was an unannounced follow up inspection which took place between 15 and 16 July 2024.

The inspection was conducted by an inspector from the Care Inspectorate, supported by an inspector from the Care Inspectorate who spoke with families by phone.

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 ten people using the service
- Spoke with eleven of their family members
- Spoke with staff, plus management
- Spoke with visiting professionals
- Observed practice and daily life
- Reviewed documents

This service was subject to an Improvement Notice that was issued on 24 April 2024. All improvements have been met.

For further details of this enforcement see the service's page on our website at www.careinspectorate.com

Key messages

- Staff supported people with care and sensitivity
- There has been a positive change in the culture of the home which meant staff were able to challenge poor practice which could impact on people's health, emotional wellbeing and dignity
- There has been a significant improvement in staff competence and skills to safely care and support people
- Key areas of practice such as supporting people with stress and distress and safeguarding had improved significantly
- People were benefiting from more involvement in meaningful activities although continued improvements were required
- Responsive action had been taken to ensure people's health and wellbeing benefited from access to drinks and improve people's meal time experience
- The service had taken action to improve staffing levels and skill mix which meant staff were available to respond to people
- Care plans were of a good standard with some further work to improve the accuracy of people's personal plans
- Improvement was evident in most required areas made during the previous inspection. As a result, people's needs were being met more effectively.

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? | 4 - Good |
| How good is our staff team? | 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

At this follow up inspection, we found the management team had made effective improvements in this key question. In recognition of this we have confirmed an increase upwards in our evaluation from weak to adequate. However, there were areas of performance which needed to improve.

In April 2024, we were very concerned about the lack of opportunity for meaningful activity and interaction with staff was limited. At this inspection, we saw that good progress had been made in this area due to increased staffing within the service. People who previously remained in their rooms, were moving more regularly and were more active which was benefiting their physical and mental health. Increased participation in mealtimes, outings and watching major sports events on the television was also benefiting people.

However, some relatives continued to raise concerns about their loved one's involvement with these activities and told us:

"The people that are mobile, they are really good with, and they are able to do things and go out."

"They could provide more staff to spend more time with (my relative)"

"My relative could do with having more one-to-one support"

"I wish they could take (my relative) out of the room more and be around for some of the activities like music or church services."

It was positive that the service was planning a more strength based model for in the future. This will mean everyone has the opportunity to engage in meaningful occupations, tailored to each person's level. In the meantime, we agreed an extension to meet the requirement which will be followed up in the future. See Section 'What the service has done to meet any requirements made at or since the last inspection' below.

Responsive action had been taken to ensure people's health and wellbeing benefited from access to drinks at all times. This included the introduction of vitamin enriched drinks and an increased choice of flavours. However, we found that the recording of individual's fluid intake to ensure people were receiving sufficient fluid intake, still required improvement. The previous area for improvement has been re written to ensure this is addressed. (See area for improvement 1 below).

Good progress had been made to improve people's meal time experience. During our most recent visits to Kingsmills we found meal times were better organised. The dining tables were attractively set and tables and chairs were arranged to encourage socialisation. People who required textured modified foods were offered more choice and presentation of their food had improved. Staff had received training in supporting people to eat at their own pace in a sensitive manner.

All these measures had led to a positive shift in the support given at meal times, resulting in improved nutritional intake for people. We concluded that sufficient progress had been made to address the previous area for improvement.

Finally, we previously highlighted concerns about the number of people who had developed pressure ulcers.

Training in skin care, had been completed by the majority of care staff which included the use and recording of prescribed barrier creams. Whilst there was a reduction in skin damage experienced overall, we were unable to evidence that prescribed barrier creams were consistently being used because record keeping remained an area for improvement. We have made an area for improvement to provide a focus for this. (See area for improvement 2 below).

Areas for improvement

1. To support positive outcomes for people who use the service, the provider should ensure, but not limited to ensure:

- a) where people are at risk from dehydration, there is consistent and effective recording of fluid intake; and
- b) there is an on-going audit of people's hydration, where there are indications of poor fluid intake and /or recording, this is recognised, and prompt action is taken to address this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'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' (HSCS3.21); and

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

2. To support positive outcomes for people who use the service, the provider should ensure staff care staff, including new staff are provided with the necessary skills, knowledge and competence to include, but not limited to:

- a) the use of topical medications which are applied to people's skin are accurately recorded on a topical medication administration record (MAR); and
- b) there is an on-going audit of staff competence, skills and record keeping, where there are indications of poor practice, this is recognised, and prompt action is taken to address this.

This is in order to ensure that 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?

4 - Good

At this follow up inspection we evaluated performance upwards as a result of significant improvement following enforcement in April 2024 to a good level. This meant several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Due to our findings in April 2024, we concluded that there was an urgent need to provide staff training in a range of areas to keep people safe. At our most recent inspection visit we found the service had made considerable progress. This has resulted in a significant improvement in the level of skills and competence of staff.

For example, safer staff practice in moving and assisting people. Families told us staff appeared more confident when supporting people who experienced stress and distressed reactions. This was endorsed by an external professional who confirmed there was a raised awareness amongst staff about the most when to get involved when people's stress becomes heightened.

The majority of staff had completed training in adult support and protection. Staff were more confident about identifying and reporting signs of possible harm to people. For example, raising concerns about people with bruised skin. Training in skin care, had been completed by the majority of care staff which included the use and recording of prescribed barrier creams. Whilst there was a reduction in skin damage experienced overall, we were unable to evidence that prescribed barrier creams were consistently being used because record keeping remained an area for improvement. (See Section above "How well is our care and support planned'? and area for improvement 1 above).

Overall, there has been a positive change in the culture of the home. Staff told us there was less reliance on on-line training due to an increase in face to face training which was more meaningful for them. This demonstrated a strength in the leadership of the service, that the training had been tailored to meet staff's learning needs. Staff felt able to challenge poor practice which could impact on people's health, emotional wellbeing and dignity. Relatives told us they were more confident about raising concerns and communication had significantly improved.

In conclusion, sufficient progress had been made to consider that the previous requirement had been met. (See section 'What the service has done to meet any requirements we made at or since the last inspection' below.)

How good is our staff team?

3 - Adequate

At this follow up inspection we evaluated performance upwards as a result of improvement following enforcement in April 2024 to an adequate level.

The service has continued to take action to improve staffing levels and skill mix by an effective process for assessing each service users' care and support needs to inform how many staff hours are needed to meet people's users' needs. This meant staff were available to respond to people during our monitoring visits and most recent follow up inspection. Measures to regularly monitor people's safety and wellbeing on an hourly basis has been established in all areas of the home. This has also had a positive impact on people's outcomes. For example, there has been continued reduction in the number of falls.

The service had previously made significant progress with providing moving and handling training, which has made a positive difference in their practice. Significant progress has also been made to ensure staff complete stress and distress training since May 2024. As a result of this training, staff confidence has increased which has led to a reduction in incidents of people experiencing stress and distress. We concluded that there has been a significant improvement in staff competence and skills to safely care and support service users.

We concluded that the remaining requirement within the Improvement Notice dated 24 April 2024 has been met and is no longer in force. For further details of this enforcement see the service's page on our website at www.careinspectorate.com

We have made an area of improvement to support the continued focus on improved staffing levels and skill mix which will be followed up at the next inspection. (See area for improvement 1 below).

Areas for improvement

1. To ensure people's health, safety and, emotional wellbeing needs are maintained, the service should, but not limited to;

a) continue to build on the improvements made in staffing levels to so people are supported at all times by sufficient numbers of suitably skilled staff;

b) that staffing is regularly evaluated to demonstrate that it is responsive to people's changing needs; and

c) there are enough suitably qualified, knowledgeable and skilled staff on shift at all times to meet service users' care needs and preferences at all times.

This is to ensure care and support is consistent with Health and Social Care Standards which state: 'My needs are met by the right number of people' (HSCS3.15)

How well is our care and support planned?

4 - Good

At this follow up inspection we evaluated performance upwards as a result of improvement following enforcement in April 2024, to a good level. This meant several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The management team had taken positive action to improve the accuracy of people's care plans. We were previously concerned care plans did not accurately reflect the care and support experienced by people who live in the service. For example, it is vital that following an accident, such as a fall, care plans are updated to reflect a person's health, mobility, care and support needs. During this inspection we noted there was still work to do with regard to this. We also identified the need for improved oral care during the inspection. Care plans did not provide sufficient detail about people's mouth care.

We have therefore made an area for improvement to ensure action is consistently taken to update a person's risk level and care plan accordingly and people benefit from having a personal oral care plans. This will be followed up at the Care Inspectorate's next inspection. (See area for improvement 1 below).

Progress had been made to offer families or those important to people, access to the electronic care planning system if they wished. This provided an opportunity to see their loved one's care plan and entries made by staff about their day at any time.

The service had made considerable progress in ensuring people had had a review undertaken in the previous six months. This provides an opportunity to review their loved one's care plans, to take account of their wishes and choices. It is particularly necessary where people are not able to fully express their wishes. There was clear evidence that reviews were happening. Families we spoke with found these reviews were of a good standard and were informative.

In conclusion, sufficient progress had been made to consider that the majority of the previous requirement had been met. (See section 'What the service has done to meet any requirements we made at or since the last inspection' below.)

A new area for improvement has been made to address any outstanding issues as outlined above. (See area for improvement 1 below).

Areas for improvement

1. To ensure people experience a clean, healthy mouth at all times, the provider should ensure mouth care is appropriate for the resident's individual needs. This should include, but is not limited to:

- a) people are given an oral health risk assessment upon moving into the care home;
- b) this should inform a personal oral care plan which reflects the wishes and preferences of individuals:
- b) appropriate support with mouth care is consistently given and documented daily in the residents' daily notes;
- c) further staff training in oral care such as 'Caring for Smiles' is undertaken; and
- d) consideration of an 'oral health champion' to promote oral health and support others with implementing good practices in mouth care.

This is in order to ensure that 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

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

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

Requirements

Requirement 1

By 14 July 2024 the provider must ensure people who experience care have the opportunity to participate in activities to maintain their health and wellbeing. In particular, but not exclusively, you must ensure that:

- a) there are always sufficient staff available to support people to achieve their outcomes, through regular participation in activities and being supported to maintain their preferred routines and interests;
- b) ensure opportunities for meaningful indoor and outdoor activities are maintained and links with the local community promoted; and
- c) ensure activities and interests, as identified in their outcome plans, are evaluated, and reviewed with people or their representatives on a regular basis to ensure they remain relevant for each person.

This is to comply with Regulation 3 (Principles) and 4 (1) (a) and (b) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social care standards 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); and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6).

This requirement had not been met and we have agreed an extension until 30 September 2024

This requirement was made on 17 April 2024.

Action taken on previous requirement

The staff team had laid effective foundations and improvements were evident in this area. However, some relatives continued to raise concerns about their loved one's involvement with activities.

It was positive that the service was planning a more strength based model for in the future. This will mean everyone has the opportunity to engage in meaningful occupations, tailored to each person's level.

In the meantime, we agreed an extension until 30 September 2024 to meet the requirement to be followed up in the future. See Section 1, 'How well do we support people's wellbeing?' above for further detail.

Not met

Requirement 2

By 14 July 2024, the provider must ensure people living within the service can be confident that staff have the necessary training, skills and competence to provide safe care and support. In particular, but not exclusively, you must ensure that:

- a) all care staff, including new staff are provided with the necessary skills, knowledge and competence to include, but not limited to training in; - skin care, to include the use and recording of topical medications - nutrition and hydration - adult support and protection - whistle blowing;
- b) to ensure the above is achieved, systems for monitoring training uptake and staff competence are implemented; and
- c) where there are indications of poor practice, this is recognised, and prompt action is taken to address this.

This is in order to comply with Regulation 4(1) (a) and Regulation 15 (a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 17 April 2024.

Action taken on previous requirement

Sufficient progress had been made to consider that this requirement had been met. A new area for improvement has been made to address any outstanding issues as outlined in relation to the use of and recording of topical medications.

(See Section above, 'How well do we support people's wellbeing?' above for further detail and area for improvement 2.

Met - within timescales

Requirement 3

By 14 July 2024, the provider must ensure leaders and staff use personal plans to deliver care and support effectively to include, but not limited to, the wellbeing and safety of residents and staff practice. In particular you must ensure that:

- a) the care planning process is used to improve people's experiences and outcomes;
- b) the quality of people's care plans and support received is audited, evaluated and recorded on a monthly basis or less where a person's care needs or risk level changes, for example after an incident;
- c) action is taken to make any necessary improvements to reduce a person's risk level and update the care plan accordingly;
- d) the electronic care plan and daily records are made available to their relatives/representative/s, if they so wish; and
- e) the care plan is formally reviewed at least once in every six month period and people and their relatives/representative/s are fully involved in this review.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 requirement was made on 17 April 2024.

Action taken on previous requirement

The management team had taken positive action to improve the accuracy of people's care plans, however there was still work to do with regard to this and we identified the need for improved oral care during the inspection. It was positive that considerable progress in ensuring people had had a review undertaken in the previous six months.

We have made an area for improvement to ensure action is consistently taken update a person's risk level and care plan accordingly and people benefit from having a personal oral care plans.

See Section, 'How well is our care and support planned'? and area for improvement 1 above.

Met - within 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 people's health and wellbeing benefits from their meal times, the provider and service should ensure that, but not limited to:

- a) there is a system in place to ensure regular access to drinks at all times, including weekends, especially for people who need support to drink;
- b) records are maintained where required; and
- c) staffing levels are sufficient to support people to enjoy all their meals in an unhurried and relaxed atmosphere.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'If I need help with eating and preferences are respected' (HSCS 1.34); and

'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 17 April 2024.

Action taken since then

Responsive action had been taken to ensure people's health and wellbeing benefited from access to drinks at all times and improve their experience at meal times. However, we found that the recording of individual's fluid intake to ensure people were receiving sufficient fluid intake, still required improvement.

This area for improvement has been rewritten. See section 1 above 'How well do we support people's wellbeing'? and area for improvement 1 for further detail.

Previous area for improvement 2

To ensure people live in a safe and well-maintained setting, both indoors and outside, the provider should ensure as a minimum but not limited to:

- a) the internal and external environment is reviewed to take account of good practice guidance such as the 'King's Fund' tool for people living with dementia;
- b) this assessment is used to inform any planned environmental improvements;
- c) there is attention to standards such as homely touches in the corridors and living spaces; and
- d) people living in Kingsmills Care Home are involved in decisions about the improvements in ways which are meaningful to them.

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

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support (HSCS 5.1).

This area for improvement was made on 17 April 2024.

Action taken since then

The internal and external environment had been reviewed to take account of good practice guidance for people living with dementia. This resulted in the immediate decoration of some communal areas to provide contrast to aid people's orientation.

There was evidence that further improvements were planned, such as improvements to the size and position of signage and signposting. Plans for a café area and 'bar' were underway. This will provide a social area where people can sit with their family and friends.

A service improvement plan had been developed with clear time frames for the completion of any outstanding actions. This plan was being monitored by the manager and included the full involvement of residents to ensure any improvements made reflect their wishes.

We concluded that the environment was of a good quality and the service was committed to making further improvements to the care home to make it more dementia friendly.

This area for improvement has been met

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

| | |
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| 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? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |
| How good is our staff team? | 3 - Adequate |
| 3.3 Staffing arrangements are right and staff work well together | 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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