

Preston Care Home Care Home Service

Alburne Park
Glenrothes
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Telephone: 01592 612 418

Type of inspection:
Unannounced

Completed on:
29 August 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000072

About the service

Preston Care Home is a well established, purpose built care home for older people set in Glenrothes, Fife. The home is on four levels with an underground car park. Bedrooms are on three floors and there is an enclosed garden.

Preston Care Home was re registered with the Care Inspectorate on 14 March 2023 to provide 24 hour care and support for up to 60 older people. There were 56 people living in the service at the time of the inspection.

The service is provided by Holmes Care Group Scotland Ltd. Their purpose is to enrich the lives of residents and their families.

About the inspection

This was an unannounced inspection which took place on 26 and 27 August 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 members
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

We also received feedback via a care service questionnaire from six people living in the service, 21 of their family members, 16 staff and three visiting professionals.

Key messages

Care and support was provided to a very good standard by staff who knew people well. The management team were well respected and seen as approachable and effective. Staffing levels were under review, not everyone felt that all social and psychological needs were being met. The environment was attractive and well presented throughout. Care planning required further development in order to be of a consistent standard. As part of this inspection we assessed the service's self evaluation of key areas. we found that the service was not yet undertaking self evaluation. We discussed the benefits of self evaluation and how this approach should be adopted to support improvement within the service.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
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?

5 - Very Good

We evaluated this key question as 'very good', where there are major strengths which support positive outcomes for people.

Feedback from relatives was overwhelmingly positive. There were multiple comments praising the staff and expressing confidence in the home. Relatives considered the home to be 'excellent', with a warm and friendly feel. They felt involved and included in their loved one's care. One person commented, 'I am confident that I will be contacted and updated whenever necessary. Staff are extremely responsive to any changes, and nothing is too much trouble.' Another said 'They are all so helpful and supportive of me and treat my husband with the utmost respect and dignity.'

Positive feedback was also received from a number of professionals who are involved with the home. They commented on the very good level of staff knowledge and on their confidence in the clinical care provided by the home. This gave assurance that people's changing needs were responded to promptly and that they were being looked after by a staff team who knew them well.

There was strong oversight of clinical care, with a daily meeting to discuss changing needs and ongoing concerns. Information which was gathered was analysed for trends and patterns which might inform practice. Where people had individual issues or health concerns these were monitored closely over time and referrals to other professionals were prompt.

People were supported to remain engaged in activities and events both within the home and in the community. Two dedicated activity staff worked across the week to provide opportunities for social interaction and entertainment. People spoke enthusiastically about various trips they had been on and events which they had attended within the home. Further attention could be paid to monitoring the provision of activity staff time to ensure that all residents have an equal opportunity.

How good is our leadership?

5 - Very Good

We evaluated this key question as 'very good', where major strengths support positive outcomes for people.

The management team were very well respected and held in high regard by both staff, relatives and visiting professionals. Feedback was overwhelmingly positive with one person saying, 'the manager has been exemplary in her dedication to the care of those in the home. Her team respect her and are all keen to provide their best, which is a sign of a good leader.' Quality assurance should be well led and drive change and improvement within the service. The leadership team were undertaking a range of audits and overviews of the service. These were completed to schedule and were effective in identifying issues and concerns. Information gathered during the audit process contributed to the service action plan. It was clear that people living in the service and their families could actively contribute to change and improvement. People informed us that they felt involved and we could see that further meaningful involvement was planned for an upcoming redecoration project. There was confidence amongst families that any concerns would be addressed. One person said, 'The manageress is always available if we have any concerns and the team works well together.' Warm and open relationships were evident during the inspection, with people and their families having easy access to members of the leadership team throughout the day.

Medication management within the home required further attention.

A previous area for improvement had not been met. Although we were confident that medication was being managed safely at this time, there was potential for issues to arise. Although quality assurance was identifying issues and attempts were being made to address concerns, these were not yet effective. The provider was advised to establish the cause of the issues and find practicable solutions in as timely a manner as possible.

How good is our staff team?

4 - Good

We evaluated this key question as 'good', where there are important strengths which clearly outweigh areas for improvement. Some improvements are required, however, in order to ensure people consistently have positive outcomes.

Staffing arrangements should be right and staff should work well together. We found that staff did pull together as a team and were very clear in their focus on individuals and their care. Staff members were respectful towards each other and were welcoming and friendly.

People's dependency needs were assessed and staffing numbers were reflective of these calculations. The manager informed us that the dependency calculations were under review as it was felt that they did not fully capture all of people's social and psychological needs. Staff were clear that they wanted increased time to spend with the people living in the home beyond the basic care needs.

Feedback from people and observations during the inspection confirmed that there were times when staff could be extremely busy. This created an impact on the time which people might wait for assistance. The manager was aware of the issues and concerns and was working with the provider organisation to find practicable solutions.

How good is our setting?

5 - Very Good

We evaluated this key question as 'very good', where there are major strengths which support positive outcomes for people. People should benefit from high quality facilities which support good outcomes.

We found the environment to be attractive, well maintained and clean. Communal areas were bright and welcoming and people's bedrooms were personalised and well appointed. The domestic team were working together with care staff to ensure that all areas were cleaned to a high standard. This meant that people could live in a homely environment which was clean and dignified. The risk of cross infection was reduced. One person commented, 'Preston House is always immaculate. It smells and looks clean and tidy on entry as well as the lounges, kitchen and resident's rooms.'

A dedicated member of maintenance staff attended promptly to any issues which arose and conducted all of the necessary safety checks to schedule. This gave confidence that risks were being reduced.

People spoke positively of their use of the outside space, which clearly brought them pleasure. We observed the space being used to good effect for people who felt a little restricted indoors. It was clear that being able to easily access the outdoors was useful in reducing some people's stress levels and also for promoting their physical health. One person said 'The setting is definitely a home from home. A lovely garden, always very clean.'

There had been a recent refit of one dinette area and further redecoration of other areas of the home were being planned. People were involved and included in these plans to ensure that the environment reflected their needs and wishes. Some products to adapt drinks were held within the dinette areas. It is important that products used to adapt drinks are stored securely as they can present a serious risk. This was not always evident and caused concern. The issue was brought to the attention of the manager and addressed with immediate effect.

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where there are important strengths which clearly outweigh areas for improvement. Improvements are required however, to ensure the positive outcomes are consistently achieved.

People's health needs were being regularly assessed and associated plans developed as a result. Plans were generally detailed and provided good information with which to guide care. A variety of up to date tools and methods were being used to identify risks and plan care.

Some plans required more detail, specifically plans around weight loss and stress and distress. At times these plans were not fully reflecting the level of knowledge held by the staff. This created a risk of inconsistent care, especially if new or agency staff required guidance. A previous area for improvement had not been met.

People's skin and wound care was being well attended to. Issues were being identified promptly and active steps taken to promote wound healing. The service closely monitored the development of pressure areas and had achieved a significant reduction in the prevalence of these over recent months.

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. The provider should also consider peoples use of outdoor space in a way that promote independence. 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); and 'If I live in a care home, I can use the private garden.' (HSCS 5.25).

This area for improvement was made on 26 May 2023.

Action taken since then

The activities staff were clearly well known and liked by the people living in the service. There was a programme of activity which was well advertised within the home. People spoke of the events and trips which they had enjoyed. People were able to use the enclosed garden and also access the wider community on a weekly basis in the organisation's mini bus. The system of ensuring that there was a fair division of time and opportunity was not always clear. The service could consider an overview of who has experienced engagement and keep working towards empowering care staff to use all opportunities to enhance people's day. This area for improvement is met.

Previous area for improvement 2

In order that people experience good outcomes and support people's health and wellbeing the provider should ensure staff are up to date with their medication training and that any slippage with competency checks addressed. This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This area for improvement was made on 26 May 2023.

Action taken since then

Training packs were available for all staff who were medicators within the home. These had been completed and verified by the training department. Online training was also available and had been completed. There were no concerns at this time. This area for improvement has been met.

Previous area for improvement 3

In order for people to have confidence in all aspects of service delivery, the provider should review how information is shared to ensure relevant information is recorded formally. This should include kitchen records around likes, dislikes and special dietary needs and, clothing inventories for laundry staff.

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).

This area for improvement was made on 26 May 2023.

Action taken since then

The kitchen displayed whiteboards – one for each floor – which showed key information about people's needs. Smaller boards showed specific dietary requirements. These were updated as people's needs changed.

Care plans contained an inventory of clothing. New residents were encouraged to have name labels hot pressed on to clothes. Laundry staff were being encouraged to take full ownership of returning washed clothes to people's rooms, this practice should further reduce any missing items. This area for improvement is met.

Previous area for improvement 4

To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans in place, that offer clear and up to date guidance to support staff.

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 area for improvement was made on 26 May 2023.

Action taken since then

Please see previous section on care planning. Although care plans were of a good standard there was further work to be done in order to create consistently high standards across all plans. This area for improvement is not met and will continue to be monitored.

Previous area for improvement 5

In order to ensure residents experience the safe and effective administration of medications, the service should continue to make improvements to safe medication systems and overall managerial oversight of practice. This should include enhanced staff training, systems of communication and auditing systems. This is to ensure that care and support 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).

This area for improvement was made on 26 May 2023.

Action taken since then

Please see the previous comments under key question 2. Although there was good audit and overview of medication management the system continued to present significant challenge. the provider was strongly encouraged to undertake a root cause analysis in order to fully explore the issues and find ways to resolve them. this area for improvement is not met and will continue to be monitored.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
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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