

Northeden House Care Home Service

57 Eden Park
Cupar
KY15 4HT

Telephone: 01334 659 321

Type of inspection:
Unannounced

Completed on:
18 September 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, 25 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 on 18 September 2024. The inspection was carried out by one inspector from the Care Inspectorate.

This was a follow up inspection to check progress on the improvements we had told the provider to make at our inspection of 25 June 2024. In making these considerations we;

- spoke with three people living in the home
- spoke with the registered manager
- looked at documents relevant to the improvement areas

Key messages

- Staff were using daily records and medication protocols in the right way to support good bowel health.
- The manager had good oversight of staff training needs and was working to address any learning gaps.
- A screening tool to identify people at risk of choking had been developed and work was progressing to incorporate this into organisational policy.
- Staff understanding and management of significant events had improved, but further improvements were needed to make sure the right procedures were always followed.
- Opportunities for staff to receive one to one support in line with organisational procedures were not yet consistent for everyone.

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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

This inspection took place to evaluate progress to meet the previous requirement and areas for improvement made at our inspection of 25 June 2024. Please refer to the 'outstanding requirements' and 'outstanding areas for improvement' for more information.

During this inspection, we were satisfied sufficient progress had been made to meet the requirement we stated in relation to the escalation and reporting of significant events. However, we made an area for improvement within this key question to support consistency in this practice. (see area for improvement 1).

Areas for improvement

1.

To support safe care and support experiences for people, the provider should ensure that assurance systems are in place to support good and consistent practice in the recording, reporting and management oversight of significant events.

This is 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) and;

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

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

Requirements

Requirement 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)

This requirement was made on 25 June 2024.

Action taken on previous requirement

Most staff had now received adult support and protection training. Understanding had been assessed using individual learning books for each staff member with various scenarios. This way of working ensured staff were confident in their roles and responsibilities in protecting people from harm. Enhanced training was also planned to build upon this knowledge and confidence.

Records demonstrated that protection concerns had consistently been escalated and reported in the right way. We had confidence staff and leaders were working in the right way to protect people from harm.

Records showed us significant events had consistently been escalated to the right people at the right time. Whilst most notifiable events had been reported to the Care Inspectorate, we highlighted two minor accidents which had not been notified to us. Whilst this did not impact upon people's care experiences, it is important that all staff are aware of and consistently notify the Care Inspectorate when needed.

Records of significant events contained the right information to provide an account of the incident and the actions taken by staff. However, we identified two occasions where the right records had not been completed. Again, this did not compromise the safety or outcomes people experienced.

The manager had good oversight of all significant events within the home. However, we felt this was not always consistently reflected within written records. The manager should review processes to make sure there is a consistent oversight record and support good record-keeping practice.

We were satisfied that the provider had made sufficient improvements to meet this requirement. However, it was clear that a continued improvement focus to support consistent good practice was needed (see key question 2, area for improvement 1).

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 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)

This area for improvement was made on 25 June 2024.

Action taken since then

We heard a choking policy had not yet been fully developed. However, a plan was in place for this to be incorporated into the existing food, fluid and nutrition policy.

To support safe experiences for people, a choking screening tool had been developed and had been implemented in the home. This would support staff to identify people who may be at future risk of choking and to consider ways to reduce the potential for harm.

We recognised the improvements within this area but will continue this area for improvement until expected staff practice to identify and support people at risk of choking is fully reflected within service policy.

This area for improvement was therefore not fully met and will be assessed at our next inspection.

Previous area for improvement 2

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)

This area for improvement was made on 25 June 2024.

Action taken since then

The manager now had an up-to-date record of learning for each staff member. New processes were now in place to make sure this record remained current.

We saw key training had been prioritised and these priorities had been shared with staff. Records showed us that, whilst there were learning gaps, these had reduced since our last inspection. We had confidence the manager continued to prioritise staff learning and was working to address any outstanding training needs.

This area for improvement was fully met.

Previous area for improvement 3

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)

This area for improvement was made on 25 June 2024.

Action taken since then

Discussions with the manager and records evidenced that staff were not receiving regular and planned supervision in line with Fife HSCP procedure. Whilst the manager recognised the importance of these support opportunities, conflicting priorities and staff absence had limited progression in this improvement area.

This area for improvement was therefore not fully met and will be assessed at our next inspection.

Previous area for improvement 4

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)

This area for improvement was made on 25 June 2024.

Action taken since then

Records demonstrated that staff were using records in the right way to support good decision-making in relation to bowel health. Person-centred protocols were in place to guide staff on when to administer laxative medication for each person. Staff were using these protocols alongside daily care records to offer this medication at the right time. This supported positive health experiences for people.

The service should continue to evaluate the consistency of this practice through focused audits.

This area for improvement was fully 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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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