

Walton House Care Home Care Home Service

Victoria Road
Leven
KY8 4NR

Telephone: 01333 695 696

Type of inspection:
Unannounced

Completed on:
25 November 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000132

About the service

Walton House Care Home is situated in Leven, close to local amenities and public transport links. Accommodation is provided over two floors of a converted building. All bedrooms are en-suite. The home benefits from a number of communal spaces and a small hairdressing salon. Enclosed garden grounds are accessible from the ground floor.

The Holmes Care Group Scotland Ltd was registered on 17 May 2023 to provide residential and nursing care at Walton House, for up to 40 people.

About the inspection

This was a follow up inspection which took place on 25 November 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 three people using the service and one of their family members
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

The management of clinical waste was now in line with best practice guidance.
 Medication management required further improvement.
 The use of pressure relieving mattresses was being monitored and mattresses were found to be clean.
 Staff supervisions and appraisals had begun but were not fully embedded in practice.
 mandatory training was not up to date.

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?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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

This key question was not re-evaluated and therefore remains the same.

How good is our leadership?

4 - Good

This key question was not re-evaluated and therefore remains the same.

How good is our staff team?

3 - Adequate

This key question was not re-evaluated and therefore remains the same.

How good is our setting?

3 - Adequate

This key question was not re-evaluated and therefore remains the same.

How well is our care and support planned?

3 - Adequate

This key question was not re-evaluated and therefore remains the same.

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

Requirements

Requirement 1

By 1 August 2024 the provider must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular the provider must ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance.

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 is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.2).

This requirement was made on 30 June 2023.

Action taken on previous requirement

The home was visibly clean and free of intrusive smells. There were no concerns about infection prevention and control at this time. The disposal of clinical waste was appropriate and outside bins, which had previously been a cause for concern, were locked securely.

This requirement has been met.

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

In order that people experience good outcomes the provider should evidence that pressure relieving mattresses are checked and effective infection control maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

This area for improvement was made on 23 May 2024.

Action taken since then

A system was now in place to monitor pressure relieving mattresses weekly and record the resident weight alongside the current mattress setting. This gave reassurance that mattresses were being set appropriately for each individual. A schedule of mattress cleaning was in place and all mattresses sampled were clean and damage free. Further work would be beneficial to ensure that all staff are aware of who is responsible for cleaning tasks and to ensure consistent recording is achieved.

This area for improvement is met.

Previous area for improvement 2

To ensure service users experience a service with well trained staff, the provider should: Ensure staff receive regular supervision and appraisals. Evidence staff competency, learning and development needs are assessed, reviewed and addressed. This process should include formal observations of practice and reflect any period of induction and probation. Ensure the training plan addresses slippage in mandatory, and refresher training. 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).

This area for improvement was made on 30 June 2023.

Action taken since then

Although the service had begun a process of supervision this was not yet fully embedded in practice. Mandatory staff training was not at the expected level of completion and this was a concern. The manager was aware of the need to address these issues and had made some progress but further work was required. This area for improvement is not met and will continue to be monitored.

Previous area for improvement 3

To support people's health and wellbeing and ensure medication management can provide assurance, the service should identify the reason why current systems do not consistently provide an accurate account of medication administered. This is in order to ensure that care and support is consistent with the Health and Social Care Standards (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 23 May 2024.

Action taken since then

The provider had explored the difficulties which they were having with the electronic medication system and identified that further staff training was required. This training had not yet taken place. An audit of the medication system showed that the system was still showing a number of errors and omissions which caused concern.

This area for improvement is not yet met and will continue to be monitored.

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?	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 good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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