

Elizabeth House Residential Care Home Care Home Service

Boreland Road
Dysart
Kirkcaldy
KY1 2YG

Telephone: 01592 653 324

Type of inspection:
Unannounced

Completed on:
13 February 2025

Service provided by:
Notwen House/ Carnegie Care Ltd

Service provider number:
SP2017012852

Service no:
CS2017353797

About the service

Elizabeth House is a residential care home in Dysart, near Kirkcaldy in Fife. The home is registered to provide a care service to a maximum of 17 people aged 56 and over.

The provider is Carnegie Care Ltd.

The home is situated in a quiet area with good views over farmlands and countryside. The home has a communal dining room and lounge area where people being cared for can choose to spend their day. Bedrooms are on two floors and all have ensuite toilet facilities. Access to bedrooms on the ground floor is by stair, stair lift or lift. There is access to a bathroom on each floor. There are attractive landscaped outdoor areas to the front and rear of the home.

About the inspection

This was an unannounced follow up inspection which took place on 12 February 2025. The inspection was carried out by one inspector.

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 two people using the service
- spoke with three staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- New quality assurance systems including a range of audits and staff competency checks were in place.
- Oversight of clinical risk had been developed.
- People were experiencing good outcomes as a result of new systems being in place.

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

Requirements

Requirement 1

By 31 January 2025, the provider must ensure that there are robust quality assurance systems in place to ensure that the health, safety and wellbeing needs of residents are met.

To do this, the provider must, at a minimum:

- a) Implement a range of audits to monitor and improve the quality of the service. This should include, but is not limited to: medication, care plans and infection prevention and control.
- b) Implement a system to regularly monitor and discuss staff skills and competency, to demonstrate how training is being implemented in practice.
- c) Establish a dynamic service development plan which takes account of information from quality assurance processes and engagement with residents, relatives and staff.

This is in order 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 comply with Section 7(1)(a), (b) and (c) of the Health and Care (Staffing) (Scotland) Act 2019.

This is in order to ensure 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 requirement was made on 25 October 2024.

Action taken on previous requirement

The service had improved their quality assurance systems. We found that a range of audits were in place and covered key areas including medication, care plans and infection prevention and control. We saw numerous examples where issues had been identified through audit and were rectified straight away. Improved oversight of medication meant that the service were able to identify and resolve an issue outwith their control quickly, and ensured that people received their prescribed medication. We suggested that care plan audits could be completed in more detail, to ensure that the quality of care plans is looked at in addition to ensuring they have been completed. We were confident that people's health, safety and wellbeing needs were central to the service's quality assurance systems.

The service had developed a system to monitor staff skills and competencies. All staff had had their competency checked for moving and handling and, where applicable, medication administration. There were plans in place to expand the competencies and skills being assessed. We suggested it would also be beneficial to discuss these checks in staff supervision meetings. Staff feedback was positive. We were told that the owner and manager were both very supportive and that they felt they had the right training and skills to support people. We were confident that people were being cared for by staff with the right skills.

There was a service development plan in place which had been updated since our last visit. In addition, a monthly manager's audit was being produced which highlighted the findings and action plans from all quality assurance systems. We looked at the most recent of these and found they showed developments and improvements from month-to-month. We suggested these developments and action plans could be added to the wider service development plan.

Met - within timescales

Requirement 2

By 31 January 2025, the provider must protect the health of people living in the service by having effective oversight of clinical risk.

To do this, the provider must, at a minimum, implement a system to monitor, and take any necessary action concerning, clinical risks. This should include, but is not limited to: food and fluids, weight loss, choking and stress and distress.

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

This is in order to ensure care and support is consistent with 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 25 October 2024.

Action taken on previous requirement

There was good clinical oversight of people's health needs. Daily handover meetings alerted staff to changing health needs. Care plans were kept up-to-date and staff were confident that they always had up-to-date information to help them care for people. Prompt referrals were made to other health professionals meaning that people had the most appropriate health care at the correct time.

The duty room had been reorganised and repurposed. This meant that all handover meetings were held here, there was a whiteboard tracking referrals made and a clinical risk whiteboard which tracked key health information including dietary requirements and weights. We saw that some people's weight had increased and their risk of malnutrition decreased following the effective use of food and fluid charts. We also saw positive examples of links with health professionals and discussions with relatives when considering people's changing needs. We could be confident that effective clinical oversight had improved people's health and wellbeing.

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 support people's wellbeing, the provider should ensure that end of life care is subject to early assessment and care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met when they become unwell.

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 1.5).

This area for improvement was made on 25 October 2024.

Action taken since then

Work had been undertaken on gathering information about people's wishes, preferences and life history. The service had also requested that DNACPR (do not attempt cardiopulmonary resuscitation) documents were reviewed and, where applicable, renewed by the GP. However, this work had not been incorporated into specific end of life care plans (ACP's also known as Advance Care Plans) yet. The owner stated that this work is a priority for the service.

This area for improvement has not been met.

Previous area for improvement 2

To promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, reviewed and evaluated on a regular basis.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 25 October 2024.

Action taken since then

Regular activities continued to take place. These included internal activities, trips out and people taking part in the day care service next door. However, recording of activities remained inconsistent. Some work had been undertaken on gathering information about people's wishes, preferences and life history, but there was little written evidence of planning and evaluation of activities.

This area for improvement has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

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