

Methven House Care Home Care Home Service

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Kirkcaldy
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Type of inspection:
Unannounced

Completed on:
16 May 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000129

About the service

Methven House Care Home is a well established care home, situated in Kirkcaldy in Fife.

Holmes Care Group Scotland Ltd was registered 15 May 2023 to provide residential and nursing care for up to 60 older people.

Accommodation is in a purpose built building across three floors. Only two floors are being utilised at the moment. Each floor has communal living and dining areas with small galley kitchens. The service provides accommodation in 60 single bedrooms, all with ensuite showers. There is an enclosed garden which can be accessed from the lounge on the ground floor. A hairdressing salon is located on the top floor. The service is located next to good public transport links and has access to local amenities. There were 41 people living in the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 12 and 13 May 2025. 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 five people using the service and eight of their family and friends
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals. We also received feedback from all of the above groups via a care service questionnaire.

Key messages

Clinical care was good with strong oversight of people's health needs.
People had various opportunities to engage in meaningful activities.
Staffing levels were good and staff worked well together.
Management and leadership was consistent and individuals were well respected.
The environment was clean and well presented.
Care planning was good with only minor issues to address.

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?	4 - Good
How good is our setting?	4 - 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?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

People should be treated with compassion and be supported to get the most out of life. We found that people were well known by the staff team and that good relationships existed between them. People were supported according to their individual needs. One relative commented on the way the service had responded to her loved one's changing needs, saying, 'the home have adapted to her individual needs', 'I'm a 100 percent happy'.

Improvements had been made in creating opportunities for people to have a meaningful day. A variety of group activities, trips and entertainments were available for people to take part in. In some cases, this had made a noticeable difference to people's well-being. The service were able to evidence that providing structure and activity had reduced the occurrence of falls. This was a very positive outcome of recent improvements. Further work is required in order to fully meet people's individual needs. An additional activity staff member is due to join the team shortly and this would allow more specific work with individuals to occur.

The service had a strong clinical oversight of people's needs. Regular meetings provided a forum to discuss individuals and closely monitor their health. People's nutritional care was well considered and information on specific dietary needs was available to all key personnel. This information was updated regularly and discussed during the oversight meetings. People were generally happy with the food and felt well provided for with drinks and snacks throughout the day. Further consideration of adapted plates and cutlery would benefit some people living in the service.

Medication management was strong, with a clear audit and oversight process in place. This gave confidence that, should there be any errors or omissions, these would be quickly brought to attention. People were observed to be given 'as required' pain relief and nursing staff were visible throughout the home. This gave confidence that medication was being managed safely and to the benefit of the individual. Further work in care plan documentation would ensure that practice was consistently and clearly guided at all times.

Attention needed to be paid to the documentation which supported wound care. At times this did not accurately reflect the planned and delivered care. We were confident that this was not currently creating a negative impact on wound healing, as it was clear that a number of individuals had been successfully treated over time.

Overall, we found that people's well-being was the key focus of the service. Staff understood the importance of ensuring that more than just basic care needs were met. Staff were observed to spend meaningful time with people and treat them in a compassionate way.

How good is our leadership?

4 - Good

We evaluated this key question as 'good', where there are important strengths which outweigh weaknesses.

Quality assurance and improvement should be well led. We found that the service had a strong and consistent leadership team who were well respected.

The team were described by staff and relatives as 'approachable', and they were confident that any issues or concerns would be listened to and addressed. A relative described one of the leadership team by saying 'she really knows what she's talking about'. One staff member described the manager by saying, 'she's concerned about the residents and about the staff' and that she was 'welcoming'. This gave assurance that the leadership team were not only well liked but that people had confidence in their abilities.

Quality assurance processes were in place and being used to gather data and drive change. There was good oversight of the environment, care planning, medication and nutritional care. Although there had been a variety of changes and improvements, further work to create a comprehensive improvement plan would ensure the service continues to develop in a positive way.

The manager was aware that communication within the home could still improve, and we agreed that the sharing of successes and of expected standards would be beneficial. It would also be positive to involve people living in the service in the decisions which affect them. There were some opportunities for people and their families to contribute but these could be expanded. This would ensure that people's needs and wishes remain at the centre of all improvement decisions.

How good is our staff team?

4 - Good

We evaluated this key question as 'good', where strengths outweigh weaknesses. Improvements are required to maximise wellbeing and ensure consistently positive outcomes.

Staffing arrangements should be right and staff should work well together. We found that the staffing levels appeared to be sufficient to meet people's needs. Staff were attending to more than the basic needs and were able to spend time with people engaging in meaningful activities. One person commented that they felt they could have a long wait for their toileting needs to be met. However, this was not an opinion shared by other people living in the service.

The service was working towards having a full team of permanent staff. There had been a reduction in the use of agency staff, and this was creating a more consistent team. When agency staff were used, efforts were made to ensure they had previous experience of the service. Staff worked well together and were clear on their roles and responsibilities. There was no sense of rush within the service and staff spoke to each other kindly and with respect.

Staff training was at a good level and staff had recently completed nutritional training. Staff had been required to reflect on the impact of this training, which showed a good focus on outcomes for people. This method of reflection should continue throughout the training programme to encourage change and improvement.

There had not been any recent observations of practice or competency checks. These would help provide assurance that aspects of practice such as moving and handling and infection prevention and control were of a high standard. The manager was aware that this was an area for development. Further work was also required to ensure that the supervision and appraisal process was fully effective and helping to drive change. A previous area for improvement was not met. Please see 'what the service has done to meet areas for improvement set at, or since, the last inspection'.

How good is our setting?

4 - Good

We evaluated this key question as 'good', where there are important strengths which outweigh areas for improvement.

People should experience a high-quality environment which is clean and clear of intrusive smells. The environment at Methven House was clean and well presented. The overall environment was in a good state of repair and consideration had been given as to how people used the space. Recent changes had encouraged people to spend time out of their bedrooms and experience more social interactions. The service had begun to see the benefits to people's well-being as a result.

More attention could be paid to the quality of bedding within the service. Some items were worn and did not reflect the standards seen elsewhere in the service. Staff should be confident to remove and replace items when they are no longer serviceable.

Domestic staff were seen to be working throughout the day. People were consulted regarding their laundry items and staff worked collaboratively with people living in the home to ensure that private bedrooms were attractive and well cared for.

The service kitchen was not captured within the environmental audit process. This meant that issues might not be quickly picked up and attended to. These issues were addressed at the time of the inspection and the kitchen will be included in quality assurance processes moving forward.

Other environmental audit processes were working well, and the manager was able to demonstrate positive changes as a result. Further changes were planned in order to maximise the spaces available and ensure that people could enjoy both social and quiet time.

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where strengths outweighed weaknesses and had a significant positive impact on people's experiences.

Overall care plans were of a good standard and contained clear information with which to guide people's care. The quality assurance process to check plans was evident and we could see the changes which had been made as a result. This gave confidence that errors and omissions would be identified promptly and addressed. Plans were personalised and clear. Risk assessments were in place and were updated regularly.

Attention was needed for end of life care plans. These plans were not always up to date and required more detail. It is important that clear plans of care are available to ensure that people's end of life experiences are in line with their wishes and opinions. A previous area for improvement was not met. See 'What the service has done to meet areas for improvement set at, or since, the last inspection'.

Visiting professionals were positive about the changes they had seen in the service. They felt that staff were knowledgeable and confident about people's healthcare needs. Whilst they agreed that some further attention to care plans was needed, they did not see a negative impact on people's care.

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

Requirements

Requirement 1

Requirement 1 By 10 March 2025, the provider must demonstrate that the nutritional needs of people who use the service are appropriately assessed and adequately met. In order to do this, the provider must:

- a) Demonstrate that all staff have a clear understanding of the appropriate management of food intake.
- b) Ensure that existing textured diet assessments are obtained to inform the care plan, and the dietary options that are advised for people.
- c) Ensure that nutritional care plans are implemented where risks are identified.
- d) Ensure that the evaluation of food charts informs any changes to the care plan.

To be completed by: 10 March 2025.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me. 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 requirement was made on 20 January 2025.

Action taken on previous requirement

We found good evidence to show that staff had completed an additional training workbook on nutrition and the dining experience. This was a comprehensive document which covered all key areas well. Staff were required to complete a reflective account after training, to look at learning and changes they might make to practice. There was also a post learning assessment sheet which enabled management to establish any additional learning needs. This gave confidence that staff understood the impact of nutritional care and had had the opportunity to raise any training needs.

A booklet about adapted diets had been given to staff and training had also taken place. A further reflective post training document had been completed. Both catering and care staff were aware of the different food adaption levels and written guides to the individual needs of people living in the service were available in both the dinettes and the kitchen. This information was update regularly.

Themed supervisions had occurred regarding managing choking risk, which gave confidence that this aspect of care was being considered.

We saw that a whole home weights overview was in place and the flash and governance meetings provided a forum for discussion. The management team oversaw all food and fluid charts and provided guidance for staff when there were issues to address.

This requirement is 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

To support good outcomes for people the provider should ensure that as a minimum:

- a) staff receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed and addressed
- b) staff are able to evidence how they apply this learning to practice, promoting better experiences for those receiving care.

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 6 July 2023.

This area for improvement was made on 6 July 2024.

Action taken since then

Progress has been made towards this area for improvement. A basic introduction to supervision had been given to all staff in order to address a long standing deficit in supervision and appraisal. Some work had been done to encourage a better uptake of online training and this had been successful. Staff were being encouraged to reflect on training and we saw evidence that this had occurred after recent nutritional training. The complete supervision and appraisal process had not yet been fully established but plans were in place to address this issue.

This area for improvement is not met.

Previous area for improvement 2

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. 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)

This area for improvement was made on 6 July 2023.

Action taken since then

Good progress had been made towards meeting this area for improvement. The activities co-ordinator was well liked by people living in the service. Staff and relatives also commented that things had improved in this area.

People had the opportunity to connect via a variety of group activities and there had been some chances to engage with the local community through trips and outings. The service's attractive garden grounds were well used over the course of the inspection. Individuals and families were supported to access the garden as they chose. Further work on promoting individual needs will be facilitated once the activity team is fully staffed.

This area for improvement is not met.

Previous area for improvement 3

To ensure positive outcomes for people who use this service, the provider should: a) Ensure that documentation and records are accurate, sufficiently detailed and reflect the care/support planned or provided. b) Be able to show evidence of regular ongoing monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities and can demonstrate this through their practice.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 20 January 2025.

Action taken since then

Quality assurance processes were in place to monitor and evaluate various records and documents within the service. It was evident that these had been successful in identifying errors and omissions and that action had been taken to address these. There were, however, some aspects of record keeping that required further attention. These included wound care documentation and guidance regarding the management of stress and distress. We brought this to the attention of the manager at the time of the inspection.

This area for improvement is not met.

Previous area for improvement 4

To ensure positive outcomes for people who use this service, the provider should be able to show evidence that all staff have a clear knowledge and understanding about their role and responsibilities in relation to the management of diabetes and can demonstrate this through their practice.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 20 January 2025.

Action taken since then

Staff seemed confident in their knowledge and understanding of diabetes care. Processes were in place to regularly monitor people's health and care plans contained a good level of detail with which to guide care. Some further work would ensure that those living with diet-controlled diabetes had more detailed care plans to support their needs.

This area for improvement is met.

Previous area for improvement 5

The provider should ensure that a proactive approach is taken to the assessment and care planning process for individuals' palliative and end of life needs. This should include a review of staff training for anticipatory, palliative, and end of life care planning, to ensure people's needs, wishes, and choices will be met.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

This area for improvement was made on 20 January 2025.

Action taken since then

Although some work had been done towards developing this aspect of care, further development was necessary to ensure that everyone had a clear plan for their end of life care. Some paperwork was out of date and there was not good evidence to show that families had been fully involved.

This area for improvement is not met.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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