

Chapel Level Nursing Home Care Home Service

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Kirkcaldy
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Telephone: 01592 644 443

Type of inspection:
Unannounced

Completed on:
12 June 2025

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300682

About the service

Chapel Level is a care home which provides care and accommodation for up to 60 older people.

The home is situated in a residential area of Kirkcaldy, Fife. Accommodation is all on a single storey, around a fully enclosed courtyard garden. The service benefits from a generous reception area which contains a small cafe space for the use of residents and visitors. A further communal lounge space is accessible from the reception. Each unit has it's own lounge/ diner with access to further garden grounds to the rear. Adequate parking is available and access to public transport routes is nearby.

The provider is HC-One Limited.

HC-One's mission is 'to be the first-choice care home for residents and colleagues in each of the communities we serve. We hope to achieve this mission through providing the kindest possible care to residents'.

About the inspection

This was an unannounced inspection which took place on 9 and 10 June 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 thirteen people using the service and thirteen of their family and friends
- spoke with fourteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals. We received 14 responses via our care service questionnaire.

Key messages

People were treated with respect and in a kind manner.
 Clinical oversight was thorough and clear.
 Management and leadership was strong with well respected service leaders.
 Staffing levels were sufficient and staff were well trained.
 The environment was well maintained and attractive throughout.
 Care plans contained a good level of detail with which to guide care.

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?	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?

4 - Good

We evaluated this key question as 'good' where there are important strengths which clearly outweigh areas for improvement. Strengths have a positive impact on people's experiences and outcomes.

Staff working in the service were kind and professional. People were spoken to with respect and treated with dignity. One person said, 'they are polite, nice - there's no argument or the like.' The majority of family members reported that they were happy with the service. One person said, 'I can sleep easy at night knowing she's here' and another commented that the home was 'superb.' When relatives had more negative comments to make these were focused on the standard of personal care. We brought this to the attention of the manager who will continue to observe practice and encourage high standards.

Two dedicated activity staff provided a range of group and one to one activities for people to participate in. We saw good use of the enclosed garden and observed people leaving the home on trips and outings. The staff made efforts to ensure that the opportunities for meaningful engagement were available to everyone in the home. A resident committee met regularly to allow people to contribute their thoughts and ideas. This gave confidence that people were able to actively participate in decisions which affected them. Further development of the activity programme would help focus on individual goals and outcomes for people living in the service.

There was good clinical oversight of the service. A variety of tools and meetings meant that clinical information was both shared and analysed. This gave confidence that staff would be alert to people's changing health needs.

Medication management was robust. Regular oversight of the electronic medication system ensured that errors and omissions were minimal and promptly identified. The care of wounds was also robust, with clear oversight and regular review. People could be confident that good attention would be paid to their treatment programme.

People were happy with the food and drinks available. Mealtimes were calm and well staffed and people were assisted, when necessary, with dignity. More clarity about the recording of food and fluid intake would be beneficial. It was not always clear who should be being monitored and whether records which were kept were being analysed. Further work to develop a more consistent response to weight loss management would be beneficial. An area for improvement is made. See area for improvement one.

Areas for improvement

1. To promote people's nutritional health, the provider should have a clear approach to the monitoring and analysis of food and fluid intake. It should be evident when recording of intake is required and charts and documents should be consistently completed for the required period.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS) 1.19.

How good is our leadership?

5 - Very Good

We evaluated this key question as 'very good', where performance demonstrates major strengths in supporting positive outcomes for people.

Systems and processes for managerial oversight within the service were very good. Audit and oversight tools were being used effectively to monitor standards and improve care. The manager and leadership team were well respected by staff. One staff member said, 'I respect her because she respects me,' another said 'could not have asked for a better manager to come to our home.' Staff felt confident to give their feedback and raise any concerns. Regular meetings and contact allowed good communication between staff and the leadership team. Further work on communication of health concerns would ensure that the whole staff team were fully aware of people's changing health needs.

Staff understood the roles and responsibilities of each team member and were clear in the standards which were expected of them. External professionals were complimentary about the service and saw an improving level of care. The manager and deputy were working towards a range of improvements in a systematic manner which inspired confidence.

How good is our staff team?

4 - Good

We evaluated this key question as 'good', where there are important strengths which outweigh areas for improvement. Strengths have a positive impact on outcomes for people however improvements are required to maximise wellbeing.

Staff should have the right knowledge and competence to support people. We found that staff training was at a good level and there was a clear system in place to monitor staff's completion of training. Staff were able to access their online training whilst in the service and could be supported with any learning needs. We observed in person training on one day of the inspection. Staff were positive about the training they received and were willing to attend training out with their working hours.

There had been some slippage in the staff supervision schedule. Regular supervision helps to identify training and development needs and ensures that staff have the opportunity to discuss any concerns. The manager was aware of the needs to re-establish a regular schedule.

Staffing arrangements should be right and staff should work well together. There were adequate staff on duty within the home. Buzzers were responded to promptly and staff were visible throughout the home. Some family members expressed concern that mealtimes were especially busy for staff, and this made them anxious that personal care might be neglected. Although we did not see evidence of this during the inspection we passed the concern on to the manager. The service should continue to consider the skill mix and gender mix of staffing on each shift to ensure that people's wishes and preferences for assistance are honoured.

How good is our setting?

5 - Very Good

We evaluated this key question as 'very good', where performance demonstrates major strengths in supporting positive outcomes for people.

People should experience high quality facilities which meet their needs. We found that the service benefitted from a variety of attractive and well-maintained areas. A number of people were seen to enjoy the reception cafe area with family and friends. This area provided the opportunity to connect with other families for informal support or enjoy refreshments in a cafe style environment. People were also able to enjoy the accessible and secure garden and additional quiet lounge.

These areas provided an alternative to the communal lounges and afforded people choice and privacy as they required. All areas were in a very good state of repair and attractively decorated. A variety of seating options were available, creating a homely feel.

The service benefitted from a dedicated maintenance staff member who had good working relationships with the care staff team. Communication was good and this gave confidence that any matters of concern would be promptly addressed. Maintenance records were well kept, and oversight of these documents was in place.

The service should continue to observe and assess the use of the environment. It is important to ensure that, when people are restricted in their ability to make choices about where they are seated in the environment, staff are alert to their placement and the potential need to vary this throughout the day. This would ensure that people experience quieter times through the day and have the opportunity to spend time in different locations.

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where performance has important strengths which outweigh areas for improvement. Improvements are required to maximise wellbeing and ensure consistently positive outcomes for people.

Personal plans should reflect people's outcomes and wishes and guide consistent care. We found that most plans were detailed and personalised. Plans to support people with their stress and distress responses were clear and contained good detail about people's preferences. We could see good evidence to show that external professionals had been involved in decisions to ensure that treatment was correct.

Clinical assessments were in place for skin and wound care and record keeping was in order. The electronic care planning system provided a robust system to monitor and structure treatment.

Plans were regularly reviewed and updated as people's needs changed. We were confident that staff could access the most up to date information to provide consistent care.

Care plan audits should continue to identify errors and omissions of information with care plans. Although plans were generally of a good standard there were some detail errors which required attention. Plans might also benefit from an overall monthly review summary to ensure that information is collated in an effective way to reflect change over time.

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

Requirements

Requirement 1

By 31 January 2025: To reduce the risks of falls for people living in the care home, the provider must use current good practice guidance to develop effective falls prevention strategies. To achieve this:

- a) ensure that risk assessment information is being used to inform personalised and meaningful falls prevention care plans. These should be regularly reviewed and updated, to reflect changes in individual circumstances, presentations, and care needs
- b) be able to demonstrate adequate monitoring and supervision when people are identified as at risk in the environment
- c) be able to show evidence of regular on-going monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities in relation to falls and can demonstrate this through their practice.

This requirement was made on 20 November 2024.

Action taken on previous requirement

Overall there was a robust system in place to monitor falls and post falls actions. The manager had clear oversight of all incidents and was completing the process in a timely manner. We suggested that some inclusion of falls should be made in the care plan review process to ensure that information was fully pulling through. We were not concerned about falls management at this inspection. This requirement is met.

Met - outwith 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

The provider should further develop robust systems to improve lines of communication. Staff should be able to demonstrate through their practice that they have a clear understanding of the role of the Power of Attorney and their responsibilities to ensure that all parties are kept informed so that people are empowered to exercise their rights and the choices available to them.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

This area for improvement was made on 20 November 2024.

Action taken since then

We did not find any issues of concern regarding communication within the service during the inspection. The manager had developed an action plan to address the key issues of this area for improvement. Relatives reported that they had regular access to the manager and deputy who were visible in the service. Relative meetings were regularly held to provide an opportunity to address concerns and share information. This area for improvement is met.

Previous area for improvement 2

To ensure people's needs are anticipated as part of their support plan, the service should make improvements to the assessment and care planning process to include detailed information regarding potential risks to health and wellbeing.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: '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'.

This area for improvement was made on 3 April 2025.

Action taken since then

Please see information under key question 5 - care planning. We had no significant concerns regarding care planning at this inspection. Some further attention to care plan auditing was required to pick up small errors and omissions but plans contained sufficient detail with which to guide care. Risks were identified and actions put in place to address these. This area for improvement is 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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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