

# Preston Care Home Care Home Service

Alburne Park  
Glenrothes  
KY7 5RB

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 May 2023

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000072

## About the service

Preston Care Home is a well established, purpose built care home for older people set in Glenrothes, Fife. The home is on four levels with an underground car park. Bedrooms are on three floors and there is an enclosed garden.

Preston Care Home was re registered with the Care Inspectorate on 14 March 2023 to provide 24 hour care and support for up to 60 older people.

The service is provided by Holmes Care Group Scotland Ltd. Their purpose is to enrich the lives of residents and their families.

## About the inspection

This was an unannounced which took place on 22 and 23 May 2023. The inspection was carried out by two inspectors from the Care Inspectorate with support from our inspection volunteer scheme.

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 eight people using the service and twelve of their family,
- spoke with thirteen staff and management,
- observed practice and daily life,
- reviewed documents,
- spoke with two visiting professionals.

## Key messages

- Residents were happy and held staff in high regard
- Staff were knowledgeable, caring and respectful
- The home was clean and well kept
- Relatives felt welcomed and involved.
- Quality assurance systems were in place and contributed to outcomes.

## 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?	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 overall, as good. There were significant strengths which impacted positively on outcomes for people.

It is important that people experience warm, nurturing relationships with the staff who support them. We observed numerous examples of kind, compassionate and warm interactions which meant people were happy. Comments from relatives included: "staff are so lovely" and "It's obvious and clear how much staff care and it means so much to us"

We found people were supported to maintain contact with family and friends. Visiting was unrestricted and staff understood the opportunities they had for meaningful activity and the benefits associated with maintaining relationships. People held staff in high regard. Relatives said they were always made to feel welcome and that staff knew their loved ones very well.

People should expect to be given help with eating and drinking in a dignified way and have their personal preferences respected. Mealtimes appeared to be a calm and pleasant part of the day which many people looked forward to. People chatted to each other and enjoyed their meals together. People were encouraged and enabled to eat their meals independently with the just the right level of support from staff where needed. People enjoyed good quality nutritious food which contributed to people's health and wellbeing.

People should get the most out of life and be supported to have a meaningful day. We saw consistent opportunities for some people within the home to take part in group activities. This included a weekly 'men's club' and 'ladies' group' where residents were encouraged to come together to socialise. We saw good links with the community and plans to develop this. People spoke fondly of the monthly visiting entertainments. The dedicated activity team had consisted of one staff member meaning that people who choose to spend time in their rooms, are more impaired or are in bed, had less meaningful interactions. We were pleased to see that the service had recently employed another staff member dedicated to supporting with activities. This should support more people have access to meaningful interactions.

It is important that people are supported to achieve their wishes and aspirations. We saw a good level of recording around people's participation in activities and it was clear attempts were taken by all care team members to make sure people had fun. This would be strengthened by evaluating people's experiences and linking these to individual outcomes. People consistently told us that they would like more access to the outside space. Comments included "I would sit there all day if I could but with my swollen knees, they need to keep me close" and "there is no one to take me, I would love to be out more" "I spent my life outdoors, I never get out now". The service should consider this feedback and review its assessment of risk alongside people's wellbeing, choices and wishes. An area for improvement is made. **See area for improvement 1.**

We found prompt referrals were made to other health professionals meaning that people had the most appropriate health care at the correct time. Relatives provided examples where illness or accidents had been well managed resulting in recovery and providing them with assurance and confidence. One person described how their parent had put on weight, another that their loved one was up, dressed and looking a lot more like themselves following weeks of bedrest in hospital.

We found the management of medication was subject to regular audit and monitoring staff performance. As a result issues identified in medication administration records and "as required" protocols were being identified quickly. This could support safer medication administration, accurate records and effective treatments. To further mitigate risk and support improvement a review of staff training and communication with partners in pharmacy and GP practice would be beneficial. **See area for improvement 2.**

The service was in process of reviewing all care plans and transferring to a new care planning proforma. We found some inconsistencies in level of details, guidance for staff and personalisation that was recorded. Stress and distress care plans, wound management plans and 'all about me' care plans would benefit from being more detailed and reflect peoples current care needs. **Area for Improvement recorded under How well is our care and support planned? applies.**

### Areas for improvement

1. 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. The provider should also consider peoples use of outdoor space in a way that promote independence.

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 "If I live in a care home, I can use the private garden" (HSCS) 5.25

2. In order that people experience good outcomes and support people's health and wellbeing the provider should ensure staff are up to date with their medication training and that any slippage with competency checks addressed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

### How good is our leadership?

**4 - Good**

We evaluated this key question as good. There were significant strengths which impacted positively on outcomes for people.

We found good leadership that clearly demonstrated the principles behind the Health and Social Care Standards and could support high quality care and support. Quality assurance systems were in place and contributed to outcomes.

Staff told us they felt confident giving feedback and voicing their opinion. They felt comfortable communicating with management. They benefited from support and guidance in regard to their training and development but that staffing had impacted on the time available.

Relatives reported having confidence in staff and the benefits of good communication with all staff. People benefited from visible leadership from senior care staff. There were systems in place for recording and analysis of accidents and incidents, including appropriate actions taken to mitigate risk and keep people safe.

We were reassured by the capacity of senior members of the care staff to manage any aspect of the service associated with their role and responsibilities. They demonstrated a commitment to ensuring standards are maintained and improving the quality of life for people living here.

We recognised the provider's own systems of quality assurance and control had identified areas for improvement. This had resulted in a service improvement plan and action plan to address time limited conditions of registration.

The management team were enthusiastic about improvement and development work. There were systems in place to monitor aspects of service delivery and staff had a clear understanding of their roles and responsibilities.

We found effective communication was key to the smooth delivery of all aspects of the service and that this relied on staff managing information recorded in a number of ways. This would benefit from a more formal approach to ensure information held for reference was accurate and up-to-date. **See area for improvement 1.**

## Areas for improvement

1. In order for people to have confidence in all aspects of service delivery, the provider should review how information is shared to ensure relevant information is recorded formally. This should include kitchen records around likes, dislikes and special dietary needs and, clothing inventories for laundry staff.

This is to ensure that 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)

## How good is our staff team?

4 - Good

We examined how well staff had been recruited and evaluated this key question as good. There were significant strengths which impacted positively on outcomes for people.

We found people using the service were protected by safer recruitment checks in place before staff took up post. The process was followed consistently, was well organised and documented. Induction had been developed to reflect the type of care and support being delivered and the role filled. The involvement of people could be included and recorded as part of recruitment, induction and on-going staff supervision as a way to measure the experience of people using the service.

E Learning was included as part of staff induction and systems were in place to provide management with oversight of completion and when courses should be revisited. Staff were clear about their roles and responsibilities and felt confident and had the right skills and knowledge to support the people in their care. They reported feeling happy with the support from the provider and management.

Management and staff were aware of the impact that recent workforce pressure had had on their schedule for staff supervisions and refresher training. This was to be addressed as part of the home's service improvement plan and changes in staff management systems.

### How good is our setting?

5 - Very Good

People should benefit from high quality facilities which support good outcomes. We evaluated this key question overall as very good. We found significant strengths which supported positive outcomes for people.

The service is well maintained and in a good state of repair. The kitchenette areas within the service would benefit from modernising. We were pleased to find that this was already identified by the service and is part of their immediate action plan. Corridors were well presented, clean, clutter free and offered various comfortable seating places. Peoples rooms were comfortable and homely. Signage throughout the home was appropriate and supported wayfinding. A relative told us they found the home very comfortable and pleasant to visit. We found this to support peoples outcomes and helped them feel safe.

The environment should support high quality care and meet peoples changing needs. We found that people had the right equipment in place and that this was well maintained. One relative told us that the service had made huge efforts to make sure their loved one was comfortable in bed by upgrading the mattress. Our inspection found various spaces that offer smaller communal living, quiet areas, as well as larger spaces for people to come together. People who preferred to remain mobile, were seen to be able to walk around the home freely, without obstruction. The home was clean and fresh. This meant the environment supported people's health and well-being.

### How well is our care and support planned?

4 - Good

Assessment and personal planning should reflect peoples needs, outcomes and wishes. We evaluated this key question as 'good', where key there are important strengths , with some areas for improvement to ensure people have consistently good outcomes.

The service was in process of reviewing all care plans and transferring to a new care planning proforma. As a result, when sampling care plans we found some inconsistencies in level of details, guidance for staff and personalisation that was recorded. Stress and distress care plans, wound management plans and 'all about me' care plans would benefit from being more detailed and reflect peoples current care needs. **See area for improvement 1.**

End of life and anticipatory care plans seen, recorded person-centred care, with details around peoples individual wishes and preferences. We found regular reviews of care plans were taking place and relatives confirmed their involvement where changes were being made. The provider should ensure that any restrictive practice and or restraints being used are also regularly reviewed and following best practice guidance. Relatives we spoke with told us that felt involved in care planning. This ensures that the care being provided is reflective of people's current needs.

## Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans in place, that offer clear and up to date guidance to support staff.

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 1.15) .

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very 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
3.1 Staff have been recruited well	4 - 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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