

Methven House Care Home Care Home Service

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Kirkcaldy
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Telephone: 01708 251 227

Type of inspection:
Unannounced

Completed on:
1 November 2023

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 purpose built, situated close to public transport and across three floors. 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 provider's overall aim is:

"to enrich the lives of residents by providing high quality individualised care and support. This the company does in a homely, well maintained and friendly environment where staff will deliver care and support to a high quality, where the views of residents are fully taken into account and where residents are treated with dignity, respect and compassion. Person-centered care and support plans are devised to detail how support will be delivered."

About the inspection

This was an unannounced follow up inspection which took place on 26 & 27 October 2023 and between 09:30 - 18:00 The inspection was carried out by 3 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 eight people using the service and three of their family.
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The home was clean and well kept.
- There were inconsistencies in people's experience of care and support.
- Interim management arrangements were in place.
- Improvements in staffing and leadership were required.
- Staff training and supervision had fallen behind schedule.
- Quality Assurance systems were in place but had fallen behind schedule.

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?	3 - Adequate
How good is our leadership?	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?

3 - Adequate

People using registered services should experience high quality care that is right for them. We evaluated this key question as 'adequate', where strengths just outweigh weaknesses and improvements are required to ensure positive outcomes for people.

We identified elements that required improvement relating to people's rights around environmental restraint and staffing which affected people's experience of care and support.

Clinical care appeared to be well managed. Families and residents reported no concerns regarding how people's health care needs were managed. The provider had continued to work to improve care records, maintain an efficient medication process, improve the standard of recording and evaluating nutritional care and, developing meaningful activity for people who had more complex needs or were physically frail. **See Outstanding Areas for Improvement.**

We found some people spent long periods of time in their rooms and the use of restrictive measures because of staffing levels. **See Requirement 1.**

We found people's basic care was being impacted by staffing arrangements. Staffing regularly relied on agency staff and this led to inconsistency in skill mix. Some residents had to wait long periods for assistance. Staff felt "rushed" when delivering personal care and we observed some task focussed practice. **See Requirement 2.**

Requirements

1. By 18 December 2023 the provider must protect the health, wellbeing and dignity of people using the service. You must ensure restraint and restrictive practice is used only as a last resort, meets legislative requirements and complies with Mental Welfare Commission Guidance.

This is to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4 (1)(c), (welfare of users) and 9, (2)(b) (fitness of employees) of The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

and

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

2. By 18 December 2023 the provider must ensure that the number and skills mix of staff in the home are adequate to meet the health, welfare and safety needs of people receiving care, at all times. This must include but is not limited to:

a) A regular assessment of the needs of people receiving care which takes into account the support people receiving care require to live purposeful and meaningful lives.

- b) Demonstrating how the findings of the needs assessment are used to inform staffing numbers and the skills mix of staff throughout the home, at all times.
- c) Staff receive training in relation to their role and responsibilities to meet the assessed care and support needs of service users.
- d) Developing and implementing risk assessment and management procedures to identify and address any staff shortages.

This is to comply with Regulation 4(1)(a), and Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

and

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15)

How good is our leadership?

3 - Adequate

People using registered services should experience quality assurance and improvement that is well led We evaluated this key question as 'adequate', where strengths just outweigh weaknesses and improvements are required to ensure positive outcomes for people.

The service was undergoing a period of transition due to the recent departure of the manager. We found the provider's quality assurance and audits had been interrupted and the provider did not have full oversight of people's experience of outcomes. **See Requirement 1.**

The home was, however, being competently managed by the interim management and many systems and processes were being reinstated. They were aware of the areas which needed to improve and were beginning the process of effecting positive change. **See Outstanding Areas for Improvement.**

Requirements

1. By 5 February 2024 the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and well-being needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to ensuring:
 - a) Appropriate and effective leadership of the service.
 - b) Accurate and up-to date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified are addressed without unnecessary delay.
 - c) Care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.
 - d) Staff training and development support competency and performance necessary for people to experience positive outcomes.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

and

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state 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) and "I use a service and organisation that is well led and managed" (HSCS 4.23)

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

Requirements

Requirement 1

The provider must demonstrate proper provision for the safety and welfare of service users is made. In order to achieve this the provider must:

- a) Complete an assessment of risk for people where safety concerns have been highlighted.
- b) Ensure that potential hazards identified by other agencies are considered in any risk assessment and/or care planning.
- c) Ensure staff understand their responsibilities with new residents and the steps they need to take to keep them safe from harm.
- d) Complete a safety review of all external doors to ensure adequate security measures are in place.

To be completed by: 30 September 2023

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 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 1 September 2023.

Action taken on previous requirement

The service has had no recent admissions to care home due to current restrictions.

To assess parts a and b of the requirement, case tracking completed for named resident, who was re-admitted to home from an acute hospital stay. The hospital discharge letter indicated changes to care provision following an assessment of care and risk. The service considered the potential hazards and obtained increased staffing from financial resources provided from local authority. Risk assessment and observations charts were introduced on admission.

Mental health services assessment information was added to the care plan, and this contained recommendations taken forward to re-commence ABC charts.

Following a change to health, the additional staffing was reviewed, and the enhanced staffing ended. Observation charts remain in place to ensure on-going assessment.

To assess part c of the requirement, we spoke to staff, who indicated there has been little opportunity for learning and development due to on-going staffing issues.

The action plan returned by the service indicated staff would receive themed supervisions and training for what is required at pre-admission stage. Staff told us this has not been carried forward.

To assess part d of the requirement, observations of lower floor external doors was completed; all doors were appropriately secure. Lower floor fire exit door has been fitted to nurse call system and automatically alarms after 10 seconds. Lift has had security keypad fitted.

Handy/repair staff have a logged oversight of exit doors retained in fire folder. Green exit door releases are checked as part of weekly fire safety checks.

Our evaluation is this requirement is met.

Part c of this requirement will be taken forward and re-written into further scrutiny work by the lead inspector.

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

The provider should ensure there is a clear process for staff to provide key information to people's representatives on discharge from the care home.

This should include, but is not limited to, care and medication requirements to support people's health and wellbeing. This is to ensure care and support is consistent with Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 9 September 2023.

Action taken since then

The service has introduced a discharge transfer summary document, to be used for any resident being discharged from the care home. This document includes but not is limited to prompting questions to provide a comprehensive review of care and medication requirements.

Met

Previous area for improvement 2

The provider should ensure people are given the help they need to maintain good standards of personal care and presentation. Their needs, choices, and preferences should be detailed in their support plan.

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 13 September 2023.

Action taken since then

Care records should accurately reflect people's assessed needs, strengths and wishes in order to effectively guide and support staff and reduce the risk of people experiencing poor outcomes. We found inconsistencies within care records and supporting documents. Support plans were generic in parts and did not always accurately reflect level of need.

Not Met

Previous area for improvement 3

The provider should ensure dependency assessments are kept up to date, and reflect people's variable needs with sufficient staff on duty to meet them.

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 13 September 2023.

Action taken since then

Despite having an additional agency nurse on duty, observations indicated people were waiting for long periods of time after activating their nurse call for assistance. This resulted in people not having a prompt response to nurse call activations, and no clear monitoring of people.

Staff discussions indicated they were frustrated due to the lack of sufficient numbers, and the impact of not having enough staff on duty to meet people's care needs.

The rota indicated short notice staffing absences on a regular basis, and this resulted in a variable number present and on duty.

Not Met

Previous area for improvement 4

The provider should ensure people experience safe, competent and effective support with medication. This should include ensuring that pain experienced by people is identified and addressed timeously.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This area for improvement was made on 6 July 2023.

Action taken since then

Not Assessed

Previous area for improvement 5

To promote people's nutritional health, the provider should ensure that suitable equipment is available to regularly weigh all residents and that the recording and analysis of weights and weight loss is accurate and effective. This will help to support meaningful action to attend promptly to nutritional needs and show evaluation of nutritional risks.

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.

This area for improvement was made on 6 July 2023.

Action taken since then

Not Assessed

Previous area for improvement 6

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

Not Assessed

Previous area for improvement 7

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

Staff receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed and addressed.

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.

Action taken since then

We found staff training and supervision had fallen behind. Interim management were in the process of assessing training needs alongside all other areas which needed to improve.

Not Met

Previous area for improvement 8

The provider should ensure that care records consistently reflect good practice and include:

Comprehensive, accurate and up to date information, reflecting assessment of people's health and care needs.

Detail of the support required and planned to maintain people's wellbeing.

Regular review and evaluation to measure the quality of service provision and effectiveness of care and treatment.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS) 1.19. and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23.

This area for improvement was made on 6 July 2023.

Action taken since then

Care records should accurately reflect people's assessed needs, strengths and wishes in order to effectively guide and support staff and reduce the risk of people experiencing poor outcomes. We found inconsistencies within care records and supporting documents. Support plans were generic in parts and did not always accurately reflect level of need.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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