SCSWIS
social care
and social work
improvement scotland

Care service inspection report

Chapel Level Nursing Home

Care Home Service Adults

34 Brooms Gardens
Kirkcaldy
KY2 6YZ
Telephone: 01592 644443

Inspected by: Susan White

Amanda Welsh

Type of inspection: Unannounced

Inspection completed on: 27 June 2012

HAPPY TO TRANSLATE®

Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	6
3 The inspection	9
4 Other information	18
5 Summary of grades	19
6 Inspection and grading history	19

Service provided by:

HC-One Limited

Service provider number:

SP2011011682

Care service number:

CS2011300682

Contact details for the inspector who inspected this service:

Susan White
Telephone 01383 841100
Email enquiries@scswis.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	2	Weak
Quality of Environment	4	Good
Quality of Staffing	3	Adequate
Quality of Management and Leadership		N/A

What the service does well

Residents and their relatives said they appreciate the care and support from the staff team at Chapel Level. The increase in support for activities has been welcomed.

What the service could do better

The standard of record keeping needs to improve. Guidance for staff in managing care is not satisfactory.

What the service has done since the last inspection

During a period of senior staff absence, there have been gaps in the leadership of day to day care and support for residents.

Improvements in the environment are continuing and this has helped boost morale at Chapel Level.

Conclusion

Relatives and staff welcome the positive changes in the environment at Chapel Level Nursing Home. The manager has made residents, relatives and staff aware of future plans for the development of the service.

Absence of some of the senior team has coincided with a fall in the standards of care and support.

Monitoring of aspects of care and support has not picked up and resolved problems adequately. This will be followed up at the next inspection.

Who did this inspection

Susan White
Amanda Welsh

1 About the service we inspected

Chapel Level Nursing Home is a purpose built care home for 60 older people some of whom may have dementia. It is situated within a residential area of Kirkcaldy, near to a shopping centre.

The Home has been owned and managed by HC-One since October 2011.

The new company says 'All our efforts, resources and energy will be put towards ensuring that residents enjoy a good quality of life through receiving professional care in a safe, comfortable and welcoming environment. We want our staff to be the kindest people from our communities: life's natural carers and givers, the unsung heroes who make the world a better, warmer place for the rest of us.'

The Home was registered with the Care Inspectorate on 1 November 2011.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 2 - Weak
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 3 - Adequate
Quality of Management and Leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

In this service we carried out a medium intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

We compiled this report following an unannounced inspection. The inspection was carried out by Care Inspectorate inspectors, Susan White and Amanda Welsh. The inspection took place over two days, on 8 May between 11am and 3.30pm and 6 June between 11am and 4.30pm.

As requested by us the provider sent us an annual return. The provider also sent us a self assessment. This told us what the manager said they did well in providing the care and support needed by the people who used the service. Where the manager planned to improve and develop the service, they included this information in the self assessment.

We issued 30 questionnaires to friends, relatives or carers of people who used the service. Twenty completed questionnaires were returned before the inspection.

In this inspection we gathered evidence from various sources, including:

- the relevant sections of policies, procedures, records and other documents
- observing how staff worked
- evidence from the service's most recent self assessment
- personal plans of people who use the service
- training records
- health and safety records
- accident and incident records
- complaints records
- questionnaires that had been requested, filled in and returned to the care service from people who use the service, their relatives or advocates, and staff members
- discussions with various people, including the manager, care staff, residents, relatives and carers of the people who use the service

- examining equipment and the environment (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?)

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they had planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

'I feel alright, safe and happy in the Home.'

Taking carers' views into account

'My mother has dementia and cannot complete this form herself, however I visit her regularly and am aware of the service etc afforded to her. All the staff are very helpful with all the residents, from the manager to the cook. I know she is in good hands.'

'I feel that the residents should have access to the gardens. They are not secure or very safe, and before I can take my relative outside I need to get permission, someone to open the door and switch the alarm off, and look out for us wanting to go back inside, so am reluctant to ask for this. I don't think my relative has been outside in 6 months and when he has it is because I have taken him myself. Staffing levels could be better. Also, quite a lot of processed foods when I visit (dinner time). Generally though I am happy my relative is well cared for.'

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The manager meets with residents and with relatives on a regular basis. Minutes of these meetings are posted on noticeboards in the Home and are available for residents and visitors.
The meetings are used to update residents and their relatives on changes at Chapel Level Home. Views and opinions are sought on choices offered and decisions made. For example, a new carpet has been chosen and laid in Heather lounge. The minutes confirm that residents chose the colour of the carpet in this lounge.

An inspection of a sample of care files confirmed that residents and their relatives are invited to take part in reviews of individual care and support. In most cases, residents choose to be represented by a relative. Minutes of the meetings are made available to the relative and the resident.

Areas for improvement

Most of the minutes seen detailed discussions from the meeting. There was no reference to what had been agreed from the previous meeting. For example, visits and outings had been suggested at a previous meeting, but there was no evidence of any of the suggestions being put into place. It was clear from the noticeboard that outings had taken place, but there was no evidence that residents had contributed to the choices made.

One of the care plans sampled noted that at a review meeting, a request for the resident to have support for a bath every second day. A review at this inspection, two months later, showed that this request had not been implemented. This was brought to the nurse's attention and she agreed that the service should have managed this situation better.

Some of the files sampled were for residents' care during their respite stay at Chapel Level. One file named the nurse who would be the main contact for the resident and their family during their stay. A review of the duty rotas showed that the nurse named was not on duty during the resident's stay in the care home. This situation meant that relatives would never have been able to speak to the person they were told would be looking after their relative during their stay in the Home.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. You will have a named member of staff who will co-ordinate your individual agreement, monitor it's progress and stay in regular contact with you and everyone involved.

   National Care Standards Short Breaks and Respite Care, Standard 7.1

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

The service is well supported by GP and other community health professionals. We inspected eight care files. In the files inspected, there was evidence of detailed advice given to staff relating to specialist advice for individual residents. For example, one file inspected had a record of referral to the dietician and guidance from the dietician about a fortified/high calorie diet. Staff were aware of this diet and supported the resident with a fortified diet. Reviews of care and support were recorded regularly and there was a clear record of progress for all aspects of health and wellbeing.

Since the last inspection, the service has increased the level of support for Activities. This is welcomed by residents and their families. Residents spoke very positively about the entertainment and events in the Home. One resident said 'I just love the parties here.'

Photographs on the noticeboards showed that many residents are involved in the social life in the Home.

Areas for improvement

Documentation system needs to be updated to meet the needs of residents on a respite stay and to help the staff team tp keep the records up to date. For example, Chapel Level has delivered a respite service for several people since the last inspection.

In the annual return submitted to us, the service supported four residents on respite stay at 31 December 2011. Files seen at this inspection showed that the documentation system in use was ineffective for a short stay. For example, reviews of active care were recorded 'in four weeks time' when the resident would return home in three weeks time.

We inspected a file for a resident with pressure wounds which were being treated by nursing staff. Each of the three wounds was recorded separately, in line with good practice. However the treatment records were muddled and the treatment history was recorded against the wrong wound. The nurse on duty recognised that errors had been made and said the records would be corrected.

One resident has given cause for concern over leaving the building unobserved. The care plan detailed 'staff to monitor their whereabouts at all times' but no further guidance on actions they should take when the resident had left the building.

For one resident who presented challenging behaviours the care plan in place seemed vague and not helpful for staff in managing the situation. The use of medication to manage difficult behaviour should be a last resort, but seems to have been used very quickly. An evaluation of the care plan notes that 'the opportunity to go out for a walk can have a positive effect' but this information was not included in the plan to minimise challenging behaviours.

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 1

Requirements

1. Documentation system for residents on short break/respite stay should reflect their care needs and review periods in relation to the planned length of stay.

   This is to comply with SSI No. 210, Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users.

   Timescale: Immediately on receipt of this report.

2. Records must accurately guide staff on care that is to be delivered. All care plan reviews should include an audit to ensure that records are of a suitable standard.

   This is to comply with SSI No. 210, Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users.

   Timescale: 2 months.

Recommendations

1. The individual agreement for the respite service should include arrangements for reviewing the service being provided.

   National Care Standards Short Breaks and Respite Care, Standard 6.1

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

Chapel Level is a purpose built care home for older people. All bedrooms have en-suite toilet facilities and the Home has a choice of bathrooms and shower rooms.

Since being taken over by HC-One, improvements in the environment have been put in place. At the time of this inspection, work was still being carried out.

Maintenance and domestic staff said they now have good access to materials and equipment to maintain the Home to a good standard.

Regular routine checks ensure that any problems are dealt with at an early stage. The Home has a maintenance book where visitors and staff can note any building problems. The book is regularly checked and repairs promptly done.

The Home has access to two garden areas. Heather unit has a 'courtyard' garden. On the first day of inspection the garden was found to be overgrown. Wooden decking was slippy and a hazard for residents. The garden pond needed a grill to make it safe. An area was used for smoking. It was unsightly and seemed poorly maintained.

Thistle Unit has access to a garden are which needed to be made secure.

Senior staff explained that local business and local volunteers have planned to make improvements to this garden area. At a later inspection visit, most of the improvement work had been completed.

Areas for improvement

Replacement of specialist baths and showers are planned. Improvements in the kitchen facilities are planned to be completed over the summer 2012.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service strengths

Bedrooms and lounges have been redecorated and residents have been involved in making choices in the decor.

Mealtimes have been organised so that all residents do not use the dining rooms at the same time, but can choose to eat in a small lounge. This is a quieter area and suits some of the current residents more than the busy dining room.

The Home has a choice of lounge areas and other seating areas. This gives choice of a quiet sitting room for visitors or for residents to enjoy music.

The Home has access to the local Mobus service and there is a minibus available to access the local community.

Areas for improvement

Additional signs throughout the Home would help residents find their way around independently. There are plans to improve signage in Thistle Unit and this should be considered throughout the Home.

Safe access to garden areas would improve the quality of life for residents at Chapel Level. Security and maintenance of garden areas has been discussed earlier in this report.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

The manager chairs regular relatives and residents meetings. This gives an opportunity for discussions about the quality of staffing and any concerns felt.

Comments included in questionnaires returned to the Care Inspectorate included:
'I find Chapel Level Nursing Home at all times to be a warm friendly atmosphere with hard working and especially caring staff.'
'All the management, care workers plus domestic and kitchen staff are excellent. They are all caring and pleasant, always have time to reassure me about my relative even when they are busy. The care they give my relative is second to none. Sometimes he does not see it this way.'

The manager said views are sought from residents during the recruitment process. These are taken into account when decisions are made about adding to the staff teams.

Areas for improvement

Plans are in place to develop a new specialist service within Chapel Level. The service should look at ways of gathering and using views of residents with impaired communication in contributing to recruitment decisions.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The staff numbers include experienced nurses and experienced care staff. In addition, recently qualified nurses with experience of up to date practices helps to build a range of skills to meet the changing needs of residents in the Home.

One senior nurse has guided six staff through a training course specialising in the care of older people with dementia. This has been well received by care staff at Chapel Level.

The manager was aware of the Scottish Government's 'Promoting Excellence' document which identifies the levels of expertise for a range of staff in a care home for older people.

Areas for improvement

Staff should be supported by documentation which takes better account of areas of support for people with dementia. Records inspected were not clear on strategies which can be an effective alternative to medication. For example, the use of other strategies would mean that medication to manage behaviour would be used only as a last resort. This information should be included in support plans.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Not applicable.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 2 - Weak	
Statement 1	3 - Adequate
Statement 3	2 - Weak
Quality of Environment - 4 - Good	
Statement 2	4 - Good
Statement 3	4 - Good
Quality of Staffing - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by SCSWIS. You can get more copies of this report and others by downloading it from our website:
www.scswis.com or by telephoning 0845 600 9527.

Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527
Email: enquiries@scswis.com
Web: www.scswis.com