

Abbotsford Care, Kinglassie Care Home Service

Mina Crescent
Kinglassie
Lochgelly
KY5 0XT

Telephone: 01592 882950

Type of inspection: Unannounced
Inspection completed on: 21 February 2017

Service provided by:
Abbotsford Care (Glenrothes) Limited

Service provider number:
SP2010010867

Care service number:
CS2010248945

About the service we inspected

Abbotsford Care, Kinglassie (known as Mina Lodge) is registered with the Care Inspectorate to provide care and support to people with a range of needs and ages. This includes people living with dementia, people who are physically frail and people with learning disabilities.

Mina Lodge has two units within the care home, each offering accommodation for a maximum of 12 people. Both units have kitchen, dining and lounge areas and a communal bathroom and shower room. The home is on one level. People are not restricted to one unit and some people choose to spend time across the home.

Jura unit offers accommodation and care to people with learning difficulties and the Islay unit to older people with a range of health and support needs. Since our last visit, Islay unit has 4 beds that are available for people who require assessment of their longer term needs. For example, after a stay in hospital. When we visited, 19 people were living in the home with 1 person in for short term assessment.

The garden space is easily accessed from both units and there has been a focus on improving the gardens. There are plans to develop the 'quiet lounge' in the home so that this area is used more for social and recreational events. The staff were looking forward to developing this area and we agreed that this will be of benefit to those living in and visiting the home.

The care home is situated in a residential area and has a strong base in the community of Kinglassie. People are well placed to access facilities and continue to attend local events within the community such as the monthly tea dance.

The provider of the home is Abbotsford Care (Glenrothes) Limited, a well established provider of care in Fife

How we inspected the service

We wrote this report following an unannounced inspection visit to Mina Lodge on February 21. We visited between 08.30 and 17.00.

The inspection was carried out by two inspectors. This was the second inspection for Mina Lodge within this inspection year. The main focus of this 'follow up' inspection was to measure the developments made within the home and to focus on the recommendations reported on in the inspection completed on 18 August 2016. People spoken with were happy with their home and the staff team were confident that the home was making positive progress.

We discussed our findings with the management and staff team throughout the inspection process. Formal inspection findings were discussed with the provider, manager, charge nurse and a representative from Fife Council Social Work Department. Grades awarded to the service in August 2016 remain.

When we plan how we will inspect a service we review the intelligence we hold about the service. This information informs the intensity of the inspection.

This will include:

- notifications the service provides to us informing us of events that impact upon the service
- any complaints the Care Inspectorate has received (not applicable to this service)
- recommendations and requirements made through inspection or complaints
- the risk assessment we complete
- previous inspection reports and grades awarded.

At this inspection, we spent time in both the adult and older people's units.

During this time we:

- spoke with people in both the adult and older people's units and asked about their experience of living in the home
- observed staff practice throughout our inspection.

We met with several members of the staff team including:

- the director and provider of Abbotsford Care (Glenrothes) Limited
- the manager
- the charge nurse
- the care practitioner
- two senior care assistants
- two care assistants, including an assistant who had joined the team in the past two weeks.

We gathered evidence from various sources including:

- relevant sections of policies/records/documents
- supporting documents, including risk assessments, care plans, reviews and daily recordings
- medication records
- information from staff training records
- certificate of registration
- staffing schedule
- dependency assessments
- audits and quality assurance systems.

For the purpose of this report, when we refer to 'people' this is the people who have chosen Mina Lodge as their home.

Taking the views of people using the service into account

People appeared comfortable in their home. Staff knew people very well and could discuss people's character and what mattered to them. This meant that the support was person centred and people were addressed in a way that suited them and their needs. We saw that support was offered when required in a supportive and friendly manner. One person said they felt they had settled well in the home and that the staff were supportive.

Taking carers' views into account

We did not meet with relatives during this inspection.

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

Care planning should be improved to evidence:

(a)

- The support of residents who demonstrate stressed and distressed reactions, including any known causes or triggers, detail early signs or indicators of agitation and outline a range of interventions to be used. This could include: the person's symptoms of disturbance, what is likely to cause/trigger this behaviour, how this is best managed for that person.

The Care Plans should reflect:

(b)

- A staged approach to the administration of 'as required' medication prescribed to manage stress, distress and anxiety. -The medication and dose prescribed, and the circumstances under which the medication should be administered of interventions to be used.

Reference is made to: National Care Standards:

Care Homes for Older People - Lifestyle - Keeping Well - Healthcare.

Standard 5 - Management and staffing arrangements

Standard 14 - Care Homes for Older People - Lifestyle - Keeping Well - Healthcare.

This recommendation was made on 21 August 2015.

Action taken on previous recommendation

We concluded that this recommendation had been met.

Management and staff continued to focus on the care plans. An audit process was in place to review individuals' plans and, whilst this could be further developed to show what actions were taken, it was supporting the service to monitor the standards of recording in the plans. Staff were more confident in recording as a result of the training they attended.

We saw care plans where the level of information was good. When there had been a change in people's needs, care plans were updated and contact with professionals and families was well detailed.

When we looked at people's medication records and needs, staff had a good understanding that medication should not always be the first option for reducing a person's anxiety. When medication was given, the effect from this was mostly recorded on medication records. However, in some of the plans of care, this could be improved upon.

There was little evaluation of each care plan and we shared with the management and provider examples and discussed ways this could progress. The need for this development has been reported on previously and is now reflected under the ongoing recommendation on quality assurance systems.

Recommendation 2

It is recommended that the service review and improve current environmental checks to ensure the safety and wellbeing of people who use the service.

The provider must ensure that a robust programme of maintenance is in place to identify and rectify concerns timeously. The provider must ensure that documentation in relation to environment checks, maintenance and repairs evidences the reporting structure and the outcomes. This must include work carried out by external tradesmen and contactors.

Reference is made to:

National Care Standards – Care Homes for Older People

Standard 4 – Environment

Standard 5 – Management and Staffing Arrangements

Standard 9 – Feeling Safe and Secure

This recommendation was made on 7 October 2016.

Action taken on previous recommendation

This recommendation is ongoing. The manager and provider informed us that the maintenance system, including how repairs are managed, was to be centralised. In the maintenance folder, there were outstanding repair requests and staff were unclear about what repairs had happened. We saw some examples of repairs required which had been ongoing for some time. Staff had made changes to make sure that these faults did not impact upon people living in the home. The manager will follow up these matters.

Recommendation 3

It is recommended that the service introduce a competency assessment framework to satisfy themselves that training, which has been delivered to staff, is being applied in practice and resulting in positive outcomes for residents. This should incorporate observational monitoring of practice and could, for example, be included as part of the supervision process.

Reference is made to: National Care Standards – Care Home for Older People –
Standard 5 – Management and Staffing.

This recommendation was made on 7 October 2016.

Action taken on previous recommendation

We concluded that this recommendation was ongoing.

The structure in place for assessing staff's competency had not developed significantly. Not all staff had their competency assessed regularly. For example, the way that staff's medication practice was monitored was not consistent.

The way that staff's moving and handling practice was assessed and observed was formally recorded but examples seen did not include enough detail. We shared with the management ways that this could be developed at the last inspection visit.

Staff did reflect informally on training they attended and how this had an impact on the care they provided - and this reflection should form part of staff's team meetings and practice reviews.

The service acknowledged the need to set dates and further develop staff's reflective practice reviews. These formal 1-1 meetings allow the service and staff to consider what they do well and what training or supports would help them in their job. Staff did tell us that the management at Mina Lodge were supportive and that staff morale was good.

Recommendation 4

It is recommended that the service:

- ensure that current auditing systems are being used effectively in order to drive up standards and improve service quality
- formally monitor the quality of the care and support provided by care staff - this should take into account the formal evaluation of individuals care plans
- ensure issues of concern identified are appropriately recorded and followed up with outcomes and improvements clearly identified.

Reference is made to: National Care Standards - Care Homes for Older People
Standard 5 - Management and staffing arrangements

This recommendation was made on 7 October 2016.

Action taken on previous recommendation

We concluded that progress had been made in this area but that this recommendation was on-going.

The manager confirmed through discussion and documents that there were more systems in place to monitor the quality of the service provided in the home. Audits were undertaken on a regular basis. There was a need to develop quality assurance to show what actions had been taken and evaluate how effective they were. It was agreed that this was the most effective way for the home to demonstrate that they had achieved the outcome they wanted.

We discussed the benefits of the home having a service development plan and how these audits could help shape that plan.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
18 Aug 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
2 Mar 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
21 Aug 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
29 Apr 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
14 May 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

Date	Type	Gradings	
22 May 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
24 Jul 2012	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good
16 Feb 2012	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
1 Jun 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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