

## Elizabeth House Care Home Service

Boreland Road  
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Type of inspection: Unannounced  
Inspection completed on: 22 February 2017

**Service provided by:**  
Evelyn E Campbell

**Service provider number:**  
SP2004004128

**Care service number:**  
CS2003052132

## About the service

Elizabeth House was registered with the Care Inspectorate on 1 April 2011 to provide care to 17 residents. It is set on the edge of Kirkcaldy with good views over farmlands. All bedrooms are single and have en suite toilets and washbasins. Access to bedrooms, which are not on the ground floor, is by lift or stairs.

There is access to two bathrooms, one on ground and lower level. The lower level facilities also have a wet floored shower.

There is a communal dining room and lounge where residents spend their day.

There is a garden with trees and shrubs adjacent to the care home but access to this may be difficult and there is a lack of pleasant outside seating in this area.

Seating is available at the entry to the home and this can be used to sit out to overlook a small tended front garden.

The service's Care Philosophy states:

"Our philosophy is to care for our Service Users (residents) in a professional manner, ensuring they receive a high standard of care in a relaxed, informal and homely atmosphere, ensuring that their dignity & privacy are respected at all times."

At this inspection, we did not see that the philosophy of the care home was reflected in our findings.

## What people told us

Before the inspection we received five responses to Care Standard Questionnaires (out of 17 sent) from relatives / carers and two responses from residents (out of 17 sent).

Overall, everyone was satisfied with the quality of care in the home.

However, there were aspects of the service where a few people responded that they disagreed. This was in respect of knowing about the complaint policy and being able to express their views.

We did not meet any relatives during our inspection.

We saw the majority of residents. However, due to frailty and /or memory problems not all of the residents we spoke with were able to give their views on their experiences of living in Elizabeth House.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes for some people during one mealtime.

Residents we spoke with gave mixed views about life in the home. Most told us that there was enough to eat and that the food was good but comment was given about the portion size indicating that these were not big enough.

Residents liked their bedrooms, which we saw to be personalised, and thought that they were clean.

There were differing views about the staff delivering care with one stating that they did not think that there was enough. Residents told us that, "Some of the staff are nice" and another stating "Some staff are not always helpful".

We had discussion with two residents who told us about incidents that caused them distress. This related to incidents of behaviours of others. We received comments which may have left residents with feelings of not

being respected or valued and of being bored and lacking stimulation. For example, direct quotes included, "Nothing much to do" and "Told what to do and I don't always like this".

Some of the observations we made, along with discussions and comments we received from residents and staff, gave us cause for concern.

We were not confident that people were safe and protected and cared for as needed.

As a result of this we contacted the Social Work Department, Fire Department and Health and Safety Executive to share and discuss our findings.

## Self assessment

We received a fully completed self assessment document from the service. Under each statement the manager noted strengths of the service and areas which could be improved or developed further.

The grades awarded through self assessment were higher than the grades we awarded through inspection.

## From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

## Quality of care and support

### Findings from the inspection

There was some pleasant interaction between staff and residents particularly during mealtime. However, overall, there was little stimulation and interaction. Although crafts took place one day, there was no planned activity programme. We could not determine how information in the care plan or reviews contributed to the development and provision of activities.

The activity plan should be formulated from past histories and hobbies of the client group to make sure it meets their needs. This would help residents maintain some interests and skills they had before living in the care home or alternatively gain others.

It is important that people have the opportunity to discuss their care. The manager was currently sending invites to relatives to attend and/or contribute to six monthly reviews of care which were overdue. We found conflicting and, or lack of information about residents' legal status in respect of 'Adult with Incapacity' legislation.

We advised the manager of the need to clarify and clearly record the legal status of residents and to maintain an overview of this which may help to ensure that residents' legal rights are protected.

Care files and associated documents had conflicting and/or missing information and a lack of evaluation and updates. It is important that these documents are updated and reflect current care needs of the individual. This

helps to guide staff and help to deliver consistent care.

Some were in regard to managing stress and distress, skin care and falls prevention.

We also saw examples of poor practice in moving and handling, the use of pressure reducing equipment and heard from residents about incidents that caused them distress, for example when other residents displayed stressed behaviour.

We heard of instances (from staff and residents) where choices of individuals were not respected. This was supported by, for example bathing records where people had expressed their preferences for frequency of baths/showers. Records could not evidence that the choices of the individuals had been recognised.

We have made a requirement about care planning and a recommendation about record keeping. (Requirement 1). (Recommendation 1).

## Requirements

### Number of requirements: 1

1. The provider must ensure that written care plans are fully completed and up to date. Priority must be given to stress and distress management, skin care, nutrition and falls prevention and management.

In order to achieve this care plans must:

- a) Take account of resident preferences and choices.
- b) Contain sufficient detail to guide staff in practice.
- c) Ensure that risk assessments inform care planning and the supervision of residents.
- d) Evaluation is completed when changes are necessary as a result, for example following an incident and/or accident and/or weight loss.

This is in order to comply with: Regulation 2011 SSI 2011/210 Regulation 5 (1) - Personal Plans and takes account of the National Care Standards, Care Homes for Older People, Standard 6 - Support arrangements.

To commence on receipt of this report and for the prioritised care plans to have been updated by 7 April 2017.

## Recommendations

### Number of recommendations: 1

1. It is recommended that staff are guided in the completion of supplementary records such as bathing records, oral care charts and fluid and food intake charts which evidence that care has been delivered to residents.

National Care Standards, Care Homes for Older People, Standard 6 - Support arrangements.

**Grade:** 2 - weak

## Quality of environment

## Findings from the inspection

Elizabeth House had a monitored entry system and a handyman attended to minor repairs. Residents had single bedrooms which were personalised in accordance their individual choices and preferences. Communal areas were spacious and well used.

Our observations showed examples of unclean bed linen, poor quality pillows, dirty stained and worn chairs and carpets, dirty equipment, unstable wardrobes, rusty commodes and grooming items which were dirty or unfit for use.

We found issues that did not assure us that the health, safety and welfare of residents was protected. This included:

- Portable appliance testing not up to date.
- Windows on upstairs level without restrictors.
- Water temperatures and legionella checks not complete.
- Wheelchair checks not in place.
- No action to reduce the risk of scalding from hot radiators and pipe work.
- Lift - safety check records dated 25/10/16 stated that a full upgrade was required.

The 'Electrical installation' report was unsatisfactory. Electrical wires were evident from the call buzzer systems in two rooms and one wall mounted electrical socket was loose.

A 'Gas safety - warning notice' was issued 23/6/16. The manager confirmed this was attended to and the gas board attended the home on the second day of inspection.

We acknowledge that the manager has swiftly developed action plans with timescales to address some of these issues.

The action plans included the following information:

### Environment:

Covers required for Radiators - Measure and Fit radiator covers.

Risk of Wardrobes tipping over - Fit brackets and secure all wardrobes to wall.

Pipes required boxing in (ensuites). - Box all pipes in leaving access to valves.

Call system cables exposed. - Enclose all visible cables for call system.

Fit window restrictors to all upper level windows that can be opened more than 100 mm. - Order and fit window restrictors.

No record of Water checks - Formulate recording sheets and introduce routine testing.

### Electrical:

Issues raised in the electrical installation report have been prioritised.

Subsequent to the inspection quotes were sought for work to be done.

PAT Testing - All items to be PAT tested."

Some of this work has commenced however we are aware that some crucial work has yet to be completed. Risks to residents in the home need to be minimised.

(Requirement 1).

Promptly after the inspection, external contractors had been employed to address the issues we identified. Work was completed within the first week.

## Requirements

### Number of requirements: 1

1. The provider must ensure that the environment is safe and service users are protected and that the accommodation is fit for use.

In order to achieve this the provider must:

a) Ensure that timescales for completion, set out in the 'electrical' action plan and 'environmental' action plan sent to us on 27 February 2017 are adhered to.

b) Ensure that there is a system in place to clean items of equipment and furnishings routinely. Cleaning schedules must identify the plan of cleaning in place for all areas of the home including private bedrooms, public and communal areas. This should include: daily tasks, deep cleaning and which staff team are responsible, for example housekeeping and/or care staff.

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

Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a requirement about health and wellbeing.

Timescale for meeting this requirement: Confirmation, in writing, that work defined in point (a) of this requirement is completed.

For points (b) and (c) to be implemented by 7 April 2017.

## Recommendations

### Number of recommendations: 0

**Grade:** 2 - weak

## Quality of staffing

### Findings from the inspection

Staff said there was enough training to meet residents' needs and there was opportunity for e-learning. A 'dementia' facilitator was assigned.

However staff training was not all up to date and this included:

- Moving and handling.
- Adult Support and Protection.
- Complex behaviours.
- Fire awareness.
- Falls prevention.
- Health and safety.
- COSHH.

We spoke with some staff that were motivated and keen to do a good job and found some to be patient and calm in their approach to supporting residents. However, we also saw instances where staff did not acknowledge residents as they passed or interacted with them and some staff were unable to answer our questions about resident care.

For example during the lunchtime meal. It would have been more positive if people were asked if they enjoyed their meal, for example, but the practice appeared task driven.

Our observations and discussions showed that staff did not always follow 'best practice' and also their professional codes of conduct and practice. For example we noted some poor moving and handling techniques, pressure reducing equipment was not used appropriately, and medication management needed to be improved. Some of these poor practices could lead to, at least bruising and/or skin damage.

Staff used language which referred to groups of residents, such as 'feeders'. Use of this language was evidently embedded in practice which did not afford dignity toward the residents and was not respectful.

Staff spoke about incidents where the wishes and preferences of residents were not respected.

Supervision did not take place in accordance with the service policy. This is one method to support staff and reinforce the expected standards in the service. We heard from some staff about working in the service.

This showed that there were issues to be resolved to address team working to make sure that the quality of care was high and residents felt comfortable and cared for.

Supervision is a method whereby support, guidance and direction can be given to staff.  
(See Requirement 1).

Safe recruitment of staff did not ensure that checks of staff 'fitness' were completed before employment commenced. We made suggestions on how this should be improved.

Sufficient staffing is important to ensure residents are cared for and their needs are met. We were not assured that all roles and responsibilities were suitably covered in the home on a daily basis.

For example, the housekeeper was responsible for the cleaning of bedrooms with additional duties, such as cleaning communal areas, some laundry and some kitchen duties undertaken by care staff. These duties were not reflected in assessment of staffing in the home.

(We discussed this at feedback however, the provider considered that the staffing arrangements and deployment of staff was sufficient). (Requirement 2).

Addressing these requirements would benefit the residents by giving staff time to carry out all aspects of their roles effectively and hence should enhance the quality of care and quality of life for residents living in the home.

## Requirements

### Number of requirements: 2

1. The provider must ensure that staff who work at the service are competent. Staff must be able to demonstrate that learning from training is put into everyday practice and the provider has a system to monitor this.  
In order to achieve this, the provider must:

a) Ensure that all mandatory training is up to date.

b) Ensure that a system is devised to monitor and evaluate staff practice. For example, the provision of personal care, management of medicines, care planning, record keeping and adherence to the principle of dignity and respect which is set out in the aims and objectives of the service.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4 (1) (b) Welfare of users and Regulation 15 (a) and (b) (i). Consideration should also be given to the National Care Standards, Care Homes for Older People, Standard 5 Management and staffing arrangements.

Timescale: by 7 April 2017.

2. The Provider must review the staffing levels in the home to ensure that the safety and well-being of residents. In order to achieve this the Provider must:

a) Review the dependency and needs of people who use the service residents taking into account their physical and social, psychological and emotional needs.

b) Review the roles and responsibilities of staff needed to work in the service.

c) Ensure that there is sufficient staff numbers working in the service to meet the care needs of residents in the home at all times.

This is to comply with:

The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 15 (a) - staffing.

Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a regulation about health and wellbeing of residents.

Timescale for meeting this requirement : To commence on receipt of this report and for completion by 7 April 2017.

## Recommendations

**Number of recommendations:** 1

1. It is recommended that the provider reinforced the Scottish Social Services Council codes to staff. This is to show the responsibilities of the staff.

National Care Standards Care Homes for Older People, Standard 5 Management and staffing arrangements.

**Grade:** 2 - weak

## Quality of management and leadership

### Findings from the inspection

The manager was motivated to develop the service. He was visible in the home and worked alongside staff daily. The manager was willing to take account of inspection findings and to make sure that plans were in place to address some of the issues identified.



The manager has 10 hours supernumerary time each week to oversee practice, support, guide and mentor staff and complete manager's duties. We identified many areas for improvement at inspection and this will take dedicated time to complete. A new deputy was taking up employment the week after inspection and this may go some way to releasing time for managing.

We were concerned at the lack of guidance and support given to the manager since taking up post. This was evidently missing from his induction from the level of direction and guidance which was needed and given during inspection.

We identified a lack of effective audits to cover the environment and health and safety in the home.

Audits of care plans, observation of staff practice and aspects of care, such as medication management and skin care also needed to be developed.

We acknowledge that since inspection, some audits have been developed by the manager.

A review of accident/incidents showed that these were not always fully completed to evidence that preventative measures had been put in place. There were instances of where the Care Inspectorate should have been notified of significant events.

We directed the manager of how to make improvements and provided him with a copy of "Records that all registered services must keep and guidance on notification reporting" to assist him to report appropriate events in the service. We will monitor this at the next inspection.

We have made a recommendation about implementing a quality assurance system. (Recommendation 1).

We discussed with the manager and provider our findings from inspection and reinforced that we have prioritised what must be done to improve outcomes for residents.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. It is recommended that the provider develop a quality assurance framework of checks and audits as a means to improve aspects of the service. Where an action is identified there should be a clear record of the outcomes to monitor improvement or whether further action is needed. This would assist to show that checks and audits resulted in sustained service improvements.

These should include but not be limited to:

- Care plans and associated records, for example monitoring charts.
- Accident and incident recording.
- Staff training including practice and assessment of competency.
- Management of medication.
- Safety of the environment.
- Infection control.

- Maintenance, equipment and health and safety checks.
- Cleanliness and housekeeping arrangements.

This is in order to meet The National Care Standards, Care homes for Older People Standard 5 - Management and staffing arrangements.

**Grade:** 2 - weak

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

### Previous requirements

#### Requirement 1

The provider must ensure that the downstairs bathroom is made fit for use by service users.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 10 (1) Fitness of premises.

Timescale: By 12 October 2015.

**This requirement was made on 20 October 2015.**

#### Action taken on previous requirement

Work had been completed to make the bathroom pleasant and fit for use.

**Met - within timescales**

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

### Previous recommendations

There are no outstanding recommendations.

## 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).

## Enforcement

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

## Inspection and grading history

Date	Type	Gradings	
29 Jul 2015	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
29 Oct 2014	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
12 Dec 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
13 Dec 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
21 Aug 2012	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good

Date	Type	Gradings	
25 Aug 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
18 Jan 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 May 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
16 Feb 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
15 May 2009	Announced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good
10 Jan 2009	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
13 Aug 2008	Announced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	5 - Very good

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