

# Methven House Care Home Service

14 Bennoch Road  
Kirkcaldy  
KY1 1YQ

Telephone: 01592 260420

Type of inspection: Unannounced  
Inspection completed on: 26 January 2018

**Service provided by:**  
Kingdom Homes Ltd

**Service provider number:**  
SP2003001615

**Care service number:**  
CS2005102454

## About the service we inspected

Methven House is registered to provide 24 hour care for a maximum of 62 people. The home offers long-term residential and nursing care for older people. The service is provided by Kingdom Homes Ltd and has been registered with the Care Inspectorate since 1 April 2011. The home has three levels, all rooms are spacious and have en suite facilities. All bedrooms have a telephone and television point and pleasant views from windows.

Outside the home, there is ample car parking to the rear of the building. At the front of the home there is a large open garden space. An enclosed garden, with raised flower beds, is at the back of the home. The property is close to local amenities and accessible to Kirkcaldy town centre. The home is situated adjacent to the local railway station.

There were 57 people living in Methven at the time of our inspection. The registered manager was absent and the business of inspection was carried out by the depute with support from a peripatetic manager and service operations manager.

## How we inspected the service

This report was written following an unannounced inspection visit on Friday 19 January 2018 and between 11:15 - 20:00. Our inspection was completed and feedback given on 26 January 2018.

The inspection was carried out by one regulatory inspector. Our focus for this inspection was four outstanding requirements made since our last inspection.

During the inspection, evidence was gathered from a number of sources including:

- a sample of personal care files and other records the service must keep.
- discussions with a range of people including: people using the service, management and staff.
- observation of staff practices.
- observation of the environment.
- minutes of meetings.
- examination of internal audits and action plans.
- returned Care Standards Questionnaires.

## Taking the views of people using the service into account

The views of people living in Methven House were gathered throughout the visit. We spoke to seven people and made general observations throughout our visit.

Comments included:

"the staff are great here, I have no complaints."  
"I can rely on the staff to help me when I ask."

Before this visit we had received completed care standards questionnaires from six service users. Overall people were happy with the quality of care.

Written comments included:

"meals are very good"  
"I feel so safe here"  
environment - "very good".

## Taking carers' views into account

We received twelve completed care standards questionnaires before this visit and spoke with one visiting relative. There was a mixed result from feedback with most staff held in high regard and a recognition of recent improvements in the way care and support is organised.

Written comments included:

"I sometimes feel they are short-staffed but the staff are very good...."  
"I could not wish for any better care for my (relative) I cannot praise highly enough, each and everyone of them"  
"Very few staff have/wear their name labels and this makes it difficult to identify who you have spoken to."

When negative comments were made we explored these further and communicated them anonymously to the service, with a view to guiding improvement.

## 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 people (who are prescribed medication) receive their medication as prescribed.

This means the service must demonstrate how they will ensure:

- all staff who administer medication are aware of their responsibility and accountability to administer prescribed medication and follow best practice guidance for administration of medication.
- all trained staff who administer medication are competent to do so.
- an appropriate support plan for 'as and when medication' is introduced to guide and direct staff practice. This is with particular reference to pain management.

This is to comply with:

**Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011/210 Regulation 4(1)(a) Welfare of users.**

**National Care Standards for older people standards 5 & 6.**

**This requirement was made on 9 October 2017.**

#### Action taken on previous requirement

We received an action plan on 26 October 2017 outlining a review of audit procedures to reinforce oversight of service performance in regard to the management and administration of medication.

At this inspection we confirmed staff who were involved with administering medication, receive medication training as part of their yearly training plan. Training opportunities are ongoing to support staff develop the knowledge and skill needed to expand their role and administer medication.

Staff supervision has been re-established and although at an early stage, a programme is ongoing to address any slippage. Since our last inspection, the management have further developed the home's plan and specific action plans in response to medication incidents. As a result we could see standard operational procedures had been introduced to mitigate risk.

The introduction of new care records was seen to provide an opportunity to further develop the support plans for 'as and when medication'. We could see the service used an 'Abbey Pain' tool and related pain management to wound care and as part of end of life care and support.

Medication administration records sampled verified staff were completing records in relation to variable dose prescriptions. We were able to speak to two residents about their pain control and were reassured that they were well informed and had confidence in the way staff supported them in managing their pain. Information held within care records sampled verified GP reviews included the effectiveness of pain management.

**Met - within timescales**

## Requirement 2

The provider must ensure medication is managed in a manner that will ensure there is sufficient in stock at all times.

This means the service should demonstrate how they will improve their medication management to ensure:

- systems for the auditing of all medication are effective and used by all staff.
- all service users have an audit of their medication carried out on a rotationally basis.

This is to comply with:

**Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011/210 Regulation 4(1)(a) Welfare of users.**  
**National Care Standards for older people standards 5 & 6.**

**This requirement was made on 9 October 2017.**

### Action taken on previous requirement

As recorded under requirement number 1: we received an action plan on 26 October 2017 outlining a review of audit procedures to reinforce oversight of service performance in regard to the management and administration of medication.

As part of this inspection we observed medication being administered and sampled records kept. We also spoke with management and staff in regard to the way medication is ordered and checked.

We recognise that the provider has well established quality assurance systems in place; and that the burden of completing audits has been drawn back into the remit of the manager in charge on a day-to-day basis.

The management and administration of medication had been recognised as an area for continuing development and subject to a provider-wide project aimed at improving staff practice and outcomes for residents. Discussions with staff also indicated that the introduction of a 'pod system' was recognised as an improvement from the traditional drug trolley rounds as it supported a more person centred approach to care.

Re-establishing systems for the auditing of all medication was seen to be at an early stage. On-balance we can remove this requirement although the management and administration of medication will remain a routine area for examination as part of the inspection process.

**Met - within timescales**

## Requirement 3

The provider must make proper provision for the health and welfare and safety of service users to ensure the environment is clean and tidy at all times and is maintained to a good standard.

This means the service should demonstrate how they will ensure:

- all bedrooms are clean and tidy particularly after the delivery of care and support by care staff.
- there is sufficient housekeeping staff on duty to ensure the care home environment is maintained to a good standard.

This is to comply with:

**Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011/210 Regulation 4(1)(a) Welfare of users.**

**Health and safety in care homes June 2014.**

**National Care Standards for older people standards 4, 5 & 6.**

**This requirement was made on 9 October 2017.**

### Action taken on previous requirement

We received an action plan on 26 October 2017 outlining a review of audit procedures to reinforce oversight of standards in housekeeping.

Our observations were of a home that was well maintained. Rooms visited were all clean and tidy. Feedback from relatives verified a fair level of satisfaction with the day-to-day standards in housekeeping, with deep cleaning or spring cleaning being identified as a possible area for improvement.

Discussions with staff verified recent improvements in the home's atmosphere, emphasising teamwork and support from management as key to developing their service and making improvements.

**Met - within timescales**

## Requirement 4

The provider must make proper provision for the health and welfare and the safety of service users by ensuring personal plans used to guide and direct staff practice is reflective of the assessed care and support delivered by staff.

This means the service should demonstrate how they will ensure:

- all support plans are reflective of the actual care and support to be delivered; with particular reference to support with diet, personal hygiene and prevention of infection.
- they will evaluate the effectiveness of care and support plans to ensure they continue to meet the assessed needs of the person who receives the service.
- all staff are aware of the lines of communication used with the service and can use these effectively.

This is to comply with:

**Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011/210 Regulation 4(1)(a) Welfare of users.**

**Health and safety in care homes June 2014.**

**National Care Standards for older people standards 4, 5 & 6.**

**This requirement was made on 9 October 2017.**

#### **Action taken on previous requirement**

We received an action plan on 26 October 2017 outlining a review of audit procedures to reinforce oversight of the standard of record keeping.

We sampled care records and verified the move from a needs assessment model to a more person-centred approach to record keeping. Discussions with staff and management verified their understanding of good record keeping being seen to reflect good care and instil confidence in the quality of care being improved through good communication and effective reviews.

The provider had developed an audit check list to support their quality assurance systems and recognise the changes made to the format of care records. Staff consistently reported that the audit tool formed a basis for completing a care plan for new admissions and that they had developed their knowledge around what should be recorded, the importance of involving service users and their representatives and how they were increasingly confident that their records could stand up to scrutiny.

The daily handover reports were seen to provide a record of any changes to be noted and a support to effective communication.

Establishing systems for the auditing of all care records and supporting documents was seen to be at an early stage. On balance we can remove this requirement although care records will remain a routine area for examination as part of the inspection process.

**Met - within timescales**

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

### Previous recommendations

#### Recommendation 1

The service should remind all staff they are expected to demonstrate respect for people who use the service at all times and this includes when delivering care and support in their personal space for example bedrooms.

**National Care Standards for older people standards 5.  
Scottish Social Services Council Code of practice for social service workers.**

**This recommendation was made on 9 October 2017.**

#### Action taken on previous recommendation

As recorded under previous requirements we received an action plan on 26 October 2017 outlining how staff were to be supported in making any necessary improvements to their practice.

During this inspection staff reported that: "the greatest support to improving their performance had been the changes to the way management communicated and were seen to be actively involved in what was happening 'on the floor'".

Staff demonstrated their awareness of audit systems and opportunities to communicate effectively. They had experienced an improvement in support available to allow the transfer of care records onto the new format. The role and responsibilities of senior care staff had been reviewed to allow an oversight of the day-to-day running of their floor, supporting nursing interventions and making progress with developing a more person-centred approach to care. The key worker aspect of their model of care was one element described as an area for improvement.

As recorded under requirement number 4, we observed a good standard in housekeeping, reflected within residents bedrooms and within all communal areas.



## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

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

## Inspection and grading history

Date	Type	Gradings	
1 Feb 2018	Re-grade	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
29 Jun 2017	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Jan 2017	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
29 Nov 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
6 Jun 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
22 Feb 2016	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
22 Sep 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

Date	Type	Gradings	
23 Jul 2015	Re-grade	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed 2 - Weak
17 Apr 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 4 - Good
24 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
11 Mar 2013	Re-grade	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
19 Jul 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
7 Dec 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
10 May 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed 5 - Very good
14 Oct 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 4 - Good

Date	Type	Gradings	
8 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
8 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
10 Dec 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 4 - Good
27 Jan 2009	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 4 - Good 4 - Good
14 May 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good

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