

Alexander House Care Home Service

Main Street
Crossgates
Cowdenbeath
KY4 8DF

Telephone: 01383 518080

Type of inspection:

Unannounced

Completed on:

1 March 2019

Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Service no:

CS2007165398

About the service

Alexander House offers long-term residential care and nursing care for older people. The home is laid out over three levels with all rooms being spacious, well fitted out and with en-suite facilities. Each floor has an open plan lounge/dining room with a range of different chairs in the lounge area. Each bedroom has a telephone and television point. Four of the rooms can accommodate couples. Additional facilities include two rooms on the ground floor where relatives and visitors can prepare refreshments and a hairdressing room. At the front of the home there is a large open garden space with an area now made secure for residents' use. Raised flower beds, shrubs and walkways enhance the garden areas. The manager was responsible for the day-to-day running of the home and supervision of staff. On the last day of the inspection 37 residents were living in the home.

The organisation's missions statement is:

"We are committed to achieving our stated aims and objectives and we welcome the scrutiny of our residents and their representatives. We aim to provide a total range of care, in collaboration with all appropriate agencies, to meet the overall personal and health care needs and preferences of our residents.

The care we provide is based on the thorough assessment of needs and the systematic and continuous planning of care for each resident. We aim for a progressive improvement in all aspects of care delivery and ongoing training at all levels of our staff and management. We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full."

What people told us

We distributed 26 questionnaires prior to the inspection and received two completed questionnaires from relatives and none from residents. The relatives generally agreed with the statement that overall they are happy with the quality of care and support provided to them. This was with the exception of specific concerns which the manager told us had been resolved. We also spoke informally with a number of residents and relatives.

Comments received from residents and relatives during the inspection included:

"They are sometimes short-staffed but the last three weeks have been better". (The manager told us the service had experienced some staff loss but was back to full complement).

"She is always well presented and clean and so is the home".

"The staff are always polite".

"She was away out in the bus yesterday and I can come in for Christmas dinner. There is always plenty food".

"They get the doctor in when necessary and the staff do refer her to other healthcare professionals".

"We chose here because it is close but we have definitely made the right decision".

"The care is very good, the management is approachable and the staff are respectful".

"The meals are very good and there are plenty fluids".

"I feel he is safe and the communication is good".

"Activities do happen".

"His health is looked after; they are on the ball".

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	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

We evaluated the service as performing at an adequate level. This means there are some strengths but these just outweigh the weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Relatives spoke of being kept up-to-date on their relatives' health needs and felt confident that they would be informed of any changes in their relatives' care. They said they were confident staff would seek medical attention as soon as their loved one needed it and gave us examples. They told us they were invited to attend care reviews.

Residents could be confident that senior staff had an overview of their health care needs and consulted with relevant health care professionals including the podiatrist, GP and dietician, as needed. We found that they were supported to receive their prescribed medications.

We found that management had an overview of key areas including weights, falls and skin integrity.

It is important for residents to enjoy a healthy and balanced diet and have access to plenty of drinks throughout the day. We found that dining rooms were presented very nicely and that residents could choose whether to have meals there or in their own bedroom. Residents told us that the food was very good and if they didn't fancy what was on the menu they could have an alternative.

It is important that people experience support which promotes independence, dignity and choice and that staff have an enabling attitude towards those they care for. We were pleased to see residents were involved in deciding how to spend their day and what activities they wanted to take part in. The full-time activities coordinator held monthly meetings with the residents and devised the activity planner around their wishes. Residents told us they loved the regular entertainers that came to the home. They also had the opportunity to do group and one-to-one activities.

Fund-raising events were held to raise money to purchase items of residents' and relatives' choice; the latest addition being the summer house. Residents and relatives told us their opinions were taken into account in all decision-making in the home.

Kingdom Homes has a dedicated maintenance team which all maintenance requests are sent to. Although each job is marked when completed, a record of the date of completion was not kept. We discussed this with the administrator at Alexander House who stated she was going to rectify this.

Whilst looking at recruitment practices during this inspection, we were informed it is Kingdom Home's policy to carry out PVG (Protection of Vulnerable Groups) checks every three years for all appropriate staff. This is good practice and helps to safeguard residents. We discussed with the manager the benefit of keeping a record of each member's expiry date to ensure renewal: the manager agreed.

The manager had been keeping a record of how the home had progressed and improved since she commenced. We discussed the benefit of further developing this into a formal development plan detailing plans for the future, timescales, roles and responsibilities.

Although we saw evidence of residents having the opportunity to socialise and join in activities during the day, we found this was not the case in the evenings. We were in the home on two occasions in the evening and found a lack of stimulation for residents who were not in their bedroom. We also found that some residents' care plans were not being adhered to regarding their night-time regimes. We have made a requirement (1).

Requirements

1. The service provider must deliver care and support as set out in the personal plan and in such a way that complies with the service's mission statement which states: "We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full."

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential (HSCS 1.6) and My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected (HSCS 1.23) and to comply with; Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument SSI 2011/210 Regulation (3) - A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?**3 - Adequate**

We evaluated the service as performing at an adequate level. This means there are some strengths but these just outweigh the weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People should be fully involved in their assessment and development of their personal plan. These should be available and set out in a way which is personalised and meaningful to each individual. We saw evidence of residents' and relatives' involvement in the development of residents' personal plans. Monthly evaluations were carried out on most individual care plans and updated to keep staff informed of residents' health and well-being. Six monthly reviews took place for each resident to which residents and relatives (where appropriate) were invited to be included. Most care plans examined were up-to-date, however, we did highlight some areas for improvement (please see areas for improvement below).

Personal plans included information of all visits and appointments with other healthcare professionals and the prescribed treatments and outcomes were well documented.

Monitoring charts such as food and fluid balance, continence and episodes of stress/distress charts were in place and, although in the main they were completed appropriately, we did highlight some areas for improvement (please refer to 'areas for improvement' below).

- We saw in some instances that individual resident's fluid charts did not state the daily target. We discussed the benefits of this during feedback and the manager stated she would address this with staff.
- Some residents who required assistance with their continence needs had charts in place to inform and guide staff. We saw in some instances there was not enough information on individual regimes to inform staff accurately. We also saw some omissions on the charts which could be misconstrued as residents not being supported appropriately.
- Residents who showed signs of stress/distress had care plans in place which were evaluated regularly. However, in some instances recording tools such as Antecedent Behaviour Consequence (ABC) charts were being used during such episodes and we found that the review section of the tool was not always being completed. This meant that although the de-escalation techniques used were recorded, they were not always being thoroughly evaluated to inform future practice. We also felt some care plans could be improved to inform staff of how best to support individual residents during episode of stress/distress.

We looked at individual care plans regarding residents' night time and sleeping regimes. We found that in several instances residents' care and support was not being delivered in accordance with their choices as stated in their care plans. We have made a requirement in the 'how well do we support people's wellbeing?' section of this report. We have taken this requirement into account whilst awarding the grade for this key question.

Areas for improvement

1. The service should improve personal planning by:

- ensuring the old style personal plans are replaced with the newly devised plans which are more detailed as soon as possible, to prevent confusion amongst staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 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 my choices. (HSCS) 1.15.

2. The service should improve personal planning by:

- ensuring all care plans and monitoring charts require the appropriate information to inform staff of how best to support residents
- ensuring all monitoring charts are completed appropriately to ensure staff have accurate and up-to-date information on each resident.

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

Requirements

Requirement 1

The provider must demonstrate that personal plans accurately record all care and support needs and that staff follow these. In order to do this the provider must:

- ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned and provided
- ensure that staff are aware of their responsibility in maintaining accurate records
- demonstrate that managers are involved in monitoring and the audit of records.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans.

Timescale: To commence immediately and be fully implemented by 30 May 2018.

This requirement was made on 15 March 2018.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we saw poor evaluations of individual care plans.

During this inspection we saw much improvement in the care plans and evaluations. Most residents had the newly devised care plans in place which were detailed and up-to-date. Staff were working on replacing the remainder of the old style care plans to bring them up to the same standard. We also highlighted areas for improvement which can be found within the 'how well is our care and support planned' section of this report. We will follow up these two issues at the next inspection.

Met - outwith timescales

Requirement 2

The provider must demonstrate that personal plans accurately record all care and support needs and that staff follow these. In order to do this the provider must:

- ensure staff receive training on the new care-planning system prior to its implementation
- monitor and evaluate the effectiveness of the new system.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans

Timescale: To commence immediately and be fully implemented by 30 June 2018.

This requirement was made on 15 March 2018.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because the relevant staff did not have a clear understanding of the new care plan system and required further training.

During this inspection we saw that all relevant staff had received training in the new system and had a better understanding. This was evident in the improved care plans we saw. We highlighted some areas for improvement which can be found within the 'how well is our care and support planned' section of this report.

Met - within timescales

Requirement 3

The provider must ensure that cleanliness and hygiene standards in the care home are adequate to maintain good standards of infection prevention and control.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210 Regulation 4 - Welfare of users, and Regulation 14 - Facilities in care homes.

Timescale: Within one month of receipt of this report the provider must provide evidence to demonstrate the improvements they have made to achieve consistently good standards of cleanliness and hygiene in the care home.

This requirement was made on 18 May 2019.

Action taken on previous requirement

This requirement was made as a result of an upheld complaint. It was made because it was evident that appropriate infection prevention and control practices were not always being carried out by staff.

The manager sent us an action plan with photographic evidence of the steps that had been taken to rectify the situation. During this inspection the home was clean and odour free. We saw no evidence to suggest infection prevention and control was being compromised.

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 manager should ensure that there are no omissions in clients' MAR sheets. When prescribed medication is not administered, the reasons for this should be clearly recorded.

National Care Standards, Care homes for older people, Standard 15 - Medication have been taken into account whilst making this recommendation.

This area for improvement was made on 15 March 2018.

Action taken since then

This recommendation (now known as area for improvement) was made as a result of the previous inspection. It was made because we found there were some omissions in the residents' MAR (Medication Administration Recording) sheets, therefore there was no evidence to suggest some residents had received some prescribed medication.

During this inspection we saw proper recording of the administration of medication with no omissions.

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	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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