

Methven House Care Home Service

14 Bennoch Road
Kirkcaldy
KY1 1YQ

Telephone: 01592 260420

Type of inspection:

Unannounced

Completed on:

28 August 2019

Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Service no:

CS2005102454

About the service

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at www.careinspectorate.com

Methven House was registered with the Care Inspectorate in April 2011, having previously been registered with the Care Commission. During this inspection we used the 'Health and Social Care Standards' to help evaluate the quality of service provided and people's experiences. The standards can be accessed at www.gov.scot.

Methven House is a purpose-built, care home for older people and 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 home has three levels, all rooms are spacious and have en suite facilities.

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 and public transport.

The service is provided by Kingdom Homes Ltd. and the provider's ethos is: "that quality of life should never be a thing of the past..." Information can be found on the provider website at www.kingdomhomesltd.co.uk

There were 51 people living in Methven at the time of our inspection, including people accessing short stay. The registered manager had recently returned from a period of absence. The manager and a peripatetic depute were both available to support the business of inspection.

What people told us

Before our inspection visit we had six completed care standards questionnaires returned. This feedback provided very useful information in regard to the experience of people using this service and that of their relatives. One person indicated a high level of satisfaction with all aspects of the service.

Areas for improvement identified within the other five included:

- staffing in regard to number and skills
- care of clothing and standards in cleaning
- access to the garden and
- getting folks views and supporting individual wishes regarding daily routines.

Written comments included:

- "staff on a daily basis do their best but due to staffing levels stretched, the time taken to address needs isn't always there. Management slow to deal with issues"
- "more effort and understanding are needed just to communicate on a daily basis"
- "I don't think there is enough cleaning staff employed"
- "I feel personally that there isn't enough staff on, at times as I have to go looking for staff...."

"On the whole, OK but reactive, not proactive to problems and slow to respond. Not enough day-to-day carers in the areas where most residents wheelchair or bed-bound and management not on the ball. For example: dealing with small snags, takes too long to remove out of date notices, replace light bulbs etc".

This inspection benefited from our inspection volunteer scheme* and during our visits we spoke to six residents and four relatives. Feedback did reflect a range in quality of their experience of day-to-day life in Methven. Staff were held in high regard but questions were raised around the number of staff available.

We were encouraged by comments gathered by our inspection volunteer which reflected people benefiting from the care and support they received and included:

- "can't praise it enough"
- "no complaints"
- "recent massive improvement"
- "couldn't be any better home that is better than this one - can't improve it".

Comments from visiting relatives did indicate some optimism associated with the return of the home's registered manager and again, recognition of how hard staff worked.

We carried out observations including SOFI 2** at 15:20 within one of the lounge areas. Our focused observations verified our observations in general and that staff missed opportunities to enrich people's experience of care and support because they were concentrating on getting the work done. As a result, people may have experienced less comfort and inclusion.

*An inspection volunteer is a member of the public who volunteers to work alongside the care inspectorate inspectors during the inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services.

The inspection volunteer's role is to speak to people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

**SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who are unable to tell us their views.

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?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

People using registered care services can expect to experience high quality care and support where they and/or their representatives are fully involved in decisions made about their care and support.

Overall, we have evaluated Methven as adequate. This means we recognise some strengths which may have a positive impact but that improvements must be made, specifically in terms of interactions between staff and people using the service and their visitors.

We were concerned that following our observations, discussions and sampling records, we could not be confident that the service was consistently supporting positive experiences and outcomes for people living in Methven and/or their visitors.

Feedback from residents was generally positive and people reported staff doing their best despite being very busy. Staff also recognised they wanted to spend more time delivering care and in promoting activity.

People living in Methven benefit from registered nurses who support regular assessment and the involvement of community healthcare professionals. We recognised people's health and wellbeing benefited from this.

We were encouraged by the ongoing development of personal support plans and that staff had a clear understanding of their responsibilities in this regard. This and the management of medication had continued to be a provider focus for improvement. This has been further enhanced by the support of a pharmacy assistant as part of a Fife wide project aimed at reducing the amount of medication wasted.

Staff demonstrated a good level of knowledge of the people in their care. We did observe some good interactions between staff and the people living in Methven. We discussed the need to develop staff understanding of the health and social care standards as a road to demonstrating warmth and compassion as well as nurturing positive relationships that enrich the lives of people living in Methven. We emphasised the opportunity to develop the way care and support was provided to people living with dementia in order to support consistent standards in communication and promote positive outcomes for everyone.

Feedback from residents and visitors was generally positive. There was concern about the number of staff available and the lack of time available to support meaningful activity. Our own observations confirmed staff were very busy and had adopted a task orientated approach to their delivery of care and support. As recorded earlier, we were encouraged that staff consistently reported wanting to spend more time with residents and recognised what a good day meant for the people in their care.

The requirements carried forward within 'outstanding requirements' apply.

It was reassuring to hear that staff were held in high regard, meals were enjoyed and there was a degree of optimism around the return of the registered manager having a positive impact on the quality of care and support experienced. Methven House benefits from a high number of visitors and this could be seen as an asset in terms of opportunity for people to feel connected and maintain relationships.

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How good is our leadership?

3 - Adequate

People using registered services can expect they experience care and support that provides them with confidence in the provider, staff and management. We did recognise that Methven House had been subject to interim management arrangements and that the registered manager had only recently returned. We have evaluated Methven House, adequate where strengths can have a positive impact but where improvements need to be made, specifically in terms of leadership and quality assurance, in order people consistently enjoy good outcomes.

We recognise the provider's own systems of quality assurance and control could support improvements and identified slippage in record keeping, staff training and support. We were concerned that remedial action was needed as the home's development plan had stalled during the time the registered manager was absent. We did recognise that standard operational procedures had been re-established, and that we could be confident that proper execution of the provider's quality assurance systems would support improvements in service provision. We will re-examine these as part of our ongoing inspection process.

With the return of the registered manager, the provider has an opportunity to ensure their vision, aims and objectives are clear and inform practice. We were concerned about our observation of some task orientated practices. This reduced the impact almost every interaction had in enhancing people's experience of the service. People we spoke with provided mixed reviews of their experience and it appeared that there was growing optimism in management.

We were further encouraged by the way our feedback was received and where improving the experience of people using the service was identified as crucial to the measurement of performance. Methven House benefits from a high number of visitors and they could be seen as a real asset in terms of the opportunity to routinely gather feedback and concerns

We recognise the impact of ongoing recruitment of nurses and the development of senior care staff and also, the current reliance on agency staff on leadership and service developments. We were encouraged that the manager had begun to evaluate the current standard of service performance with a view to reviewing the home's development plan.

How good is our staff team?

3 - Adequate

People using registered services can expect to experience care and support that provides them with confidence in the people who support and care for them. We have evaluated Methven House, adequate where strengths can have a positive impact but where areas of performance need to improve, specifically in terms having the staff to provide responsive care and support.

At this inspection we could not evidence that residents' needs, including social, psychological and recreational needs were fully assessed and collated to anticipate and establish the number of staff required. Although the provider used a tool to record monthly dependency measurement, the tool did not accommodate social, psychological and recreational needs or factors including staff training, supervision and the layout of the building.

Following discussions with staff and observations of practice we could be confident in the motivation of staff to spend time with the people in their care and support visitors. We were reassured that staff were generally held in high regard and where people described staff as knowing them and/or their loved one well but just too busy.

We recognised the provider's own systems for staff development could support improvements in terms of raising awareness and refreshing knowledge and were encouraged by management's recognition of slippage in regards to training and supervision. We were concerned about the level of awareness staff demonstrated in relation to providing care and support for people living with dementia. This was discussed at feedback alongside developing a working knowledge of the 'Health and Social Care Standards' and as a way to improve staff skills.

We were aware of staff working hard to meet the care and support needs of the people in their care. Unfortunately, there was evidence of a task orientated approach to their performance which reflected a need to provide staff with training. Our discussions with staff highlighted their experience of pressure to get through the work and verified a need to develop the culture of care to support holistic care, and allow staff to perform their duties in a manner which enriched the experience of both residents and visitors.

The three requirements carried forward with the 'outstanding requirements' apply.

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How good is our setting?

3 - Adequate

People using registered care services can expect to experience a high quality environment. We have evaluated Methven House, adequate where strengths can have a positive impact but where areas of performance need to improve, specifically in regards to promoting people's independence.

Methven House has been built to provide good quality care and support. People living here can choose to use private and communal areas. We could also be confident in the provision of equipment needed to support people with a variety of care and support needs. The environment was generally clean and tidy with housekeeping staff carrying out their duties discreetly and engaging with people in a warm and friendly manner.

At this inspection, the outdoor space was not used to its potential and is not freely accessible to everyone. Those people dependant on staff and/or living on the upper floor could not easily enjoy sitting out. The garden at Methven House is well maintained and welcoming with the potential to support people get involved in gardening or other leisure pursuits.

Our experience at this inspection did not reflect the lovely events displayed within the provider's newsletter or the commitment within their website. As part of their consideration of developing the environment and provision of activities, the provider has the opportunity to actively involve people in a meaningful way about the layout, setting, and how the space inside the home is used.

How well is our care and support planned?

4 - Good

People using registered care services and or their family/representatives can expect to be fully involved in assessing their needs. This should be supported by the right staff and be carried out on a regular basis. We have evaluated Methven House, good where improvements had been made in record keeping and systems in place to support communication between staff. We could be confident that strengths could have a positive impact on the health and wellbeing of people living in Methven but where noted improvements were vulnerable to a task orientated approach to record keeping.

It was clear that staff fully understood the legal implications of maintaining proper records and could demonstrate the role that good record keeping played in supporting communication. We were further encouraged that they were aware of how good record keeping could help to maintain a person's unique identity: to support effective responses to changes in health/well-being and promote good outcomes for everyone with an interest in a person's care and support.

We were encouraged by the provider's recent audit activity that had identified on-going areas for improvement in regard to record keeping. We recognise remedial action had taken place over time, and despite interim management arrangements, improving the quality of care records had remained a priority.

Methven House benefits from a high number of visitors and this should be seen as an asset in terms of shaping the care and support plans where residents may no longer be able to express their wishes and preferences.

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

Requirements

Requirement 1

In order to make proper provision for the health and welfare and safety of people using the service, the provider must ensure:

- adequate assessment and care planning in relation to the resident's needs and how these are met
- guidance is detailed and fully explains the types of equipment required and methods to assist residents to transfer
- that people using the service are fully supported with hydration needs, including assessment of the support required and how the support should be provided. Supplementary records must be accurately completed by staff who have the skills and knowledge to do so.
- that equipment to promote resident's safety is in place on admission to the service.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/201) Regulation 4 and this is to ensure care and support is consistent with the Health and Social care Standards, which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This requirement was made on 21 May 2019.

Action taken on previous requirement

An action plan was received 22 May 2019.

At this inspection, we could be reassured that the format of care planning provided staff with the opportunity to ensure adequate assessment and care planning in relation to the resident's needs and how these are met was recorded. In records sampled we could see guidance was detailed and included the equipment and methods needed to assist residents with mobility, transfers and care in bed.

Although supplementary documents remain vulnerable to the quality of completion, we observed people using the service were supported to eat and drink. Our sight of assessment and admission records reflected equipment to promote resident's safety was in place on admission to the service.

In addition, we recognise the value in the inclusion of :
"at a glance" information within care files and which can provide a quick guide to staff about the care and support needs a person in their care may have.

Met - within timescales

Requirement 2

In order to ensure resident's needs are met by the right number of staff, the provider must:

- fully assess the scope of staff's responsibilities on a day-to-day basis
- ensure residents' needs, including social, psychological and recreational needs are fully assessed and collated to anticipate and establish the number of staff required
- ensure that factors including staff training, supervision and the layout of the building are taken into account when establishing the required number of staff.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210) regulation 15(a) and

This is to ensure care and support is consistent with the Health and Social care Standards, which state that "My needs are met by the right number of people" (HSCS 3.15

This requirement was made on 21 May 2019.

Action taken on previous requirement

An action plan was received 22 May 2019.

At this inspection we could not evidence that residents' needs, including social, psychological and recreational needs were fully assessed and collated to anticipate and establish the number of staff required or factors including staff training, supervision and the layout of the building are taken into account when establishing the required number of staff.

We suggested the current daily staff deployment sheet could be developed to evidence the scope of staff's responsibilities on a day-to-day basis. In addition, we suggested a review of the dependency measurement tool to evidence consideration of time needed to support resident's social, psychological and recreational needs was required and that this should also include factors such as staff training, supervision and the layout of the building when determining the staff numbers, skill mix and roles.

Not met

Requirement 3

In order to ensure that residents experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment, the provider must:

- ensure that the environment is subject to quality assurance measures audit and
- that an action plan is submitted to the Care Inspectorate which includes action to be taken to improve the cleanliness and maintenance of the environment

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/201) Regulation ? and to ensure care and support is consistent with the Health and Social care Standards, which state that: " I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22)

This requirement was made on 21 May 2019.

Action taken on previous requirement

An action plan was received 22 May 2019.

We were pleased to see the home provided good facilities and were cleaned and maintained to a good standard. There was good evidence of systems in place to address day-to-day repairs needed and the optimism visitors reported in regard to the way they expect the manager to: "get things back on track".

We also recognise ongoing efforts to ensure an effective programme of refurbishment and the day-to-day challenges in maintaining a pleasant environment for people to live in and visit.

Met - within timescales

Requirement 4

The service provider must, having regard to the size and nature of the care service, the stated aims and objectives and the number and needs of the service users:

- (i) Ensure at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
- (ii) Ensure that staff levels take into account the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210) regulation 15(a) and

This is to ensure care and support is consistent with the Health and Social care Standards, which state that "My needs are met by the right number of people" (HSCS 3.15 and "People have the time to support and care for me and to speak to me" (HSCS 3.16).

This requirement was made on 4 October 2018.

Action taken on previous requirement

An action plan was received 9 November 2019 and was discussed with the manager at our support visit December 2019.

Our findings at this inspection were of the need to increase the number of staff available on each floor in order to support improved performance and outcomes for people living in Methven.. This would increase the time staff could spend ensuring people did not experience a rushed service and provide the necessary breathing space for staff development.

As recorded under outstanding requirement (2) the current daily staff deployment sheet could be further developed to evidence the scope of staff's responsibilities on a day-to-day basis. We further suggested a review of the dependency measurement tool to reflect resident's social, psychological and recreational needs and include factors such as staff training, supervision and the layout of the building are taken into account when establishing the required number of staff.

Not met

Requirement 5

The service provider must, having regard to the size and nature of the care service, the stated aims and objectives and the number and needs of the service users ensure that:

- at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users
- staff levels take into account the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs
- record keeping is improved to demonstrate that written information about accidents and incidents involving people who use the service is accurate and up to date
- the approach to managing falls is improved and service users safe.

This is in order to comply with: The Social Care and Social Work Improvement Scotland Act (Requirements for care Services) Regulation SSI 2011 no. 210 Welfare of users 4 and 15(a) and this is to ensure that care and support is consistent with The Health and Social Care standards which state: "I have confidence in people because they are trained, competent and skilled. are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14), - "My needs are met by the right number of people (HSCS 3.1) and: "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17)

This requirement was made on 16 October 2018.

Action taken on previous requirement

As recorded earlier, our findings at this inspection were of the need to increase the number of staff available on each floor.

We were aware of staff working hard to meet the care and support needs of the people in their care. Unfortunately there was evidence of a task orientated approach to their performance which reflected a need to provide staff with training. Our discussions with staff highlighted their experience of pressure to get through the work and verified a need to develop the culture of care to support a holistic model and allow staff to perform their duties in a manner which enriched the experience of both residents and visitors.

As recorded earlier, the current daily staff deployment sheet could be further developed to evidence the scope of staff's responsibilities on a day-to-day basis. We further suggested a review of the dependency measurement tool to reflect resident's social, psychological and recreational needs and include factors such as staff training, supervision and the layout of the building.

Not met

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

In order to ensure good outcomes for people living in the care service, the provider should ensure that care plans are improved. Overnight care and continence planning should clearly reflect individual needs, choices and preferences and an overarching ethos of dignity and respect in evidence.

This is to ensure care and support is consistent with the Health and Social care Standards, which state that "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23)

This area for improvement was made on 4 October 2018.

Action taken since then

We were pleased to see a consistent approach to care record keeping. Exemplars were available for staff. We would expect care plans and supporting documents to be addressed within the home's improvement plan but on balance can remove this specific area for improvement.

Previous area for improvement 2

In order to ensure records are easily auditable, staff rotas should be developed and improved to clearly reflect who is working, where they are working and the role they are to undertake throughout their shift.

This is to ensure care and support is consistent with the Health and Social care Standards, which state that: "I use a service and organization that are well led and managed" (HSCS 4.23) and: "I experience high quality care and support because people have the necessary information and resources" HSCS (4.72)

This area for improvement was made on 4 October 2018.

Action taken since then

At this inspection we can remove this 'Area for Improvement' and follow-up as part of our monitoring of staffing requirements.

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	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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