Chapel Level Nursing Home
Care Home Service

34 Broom Gardens
Kirkcaldy
KY2 6YZ

Telephone: 01592 644 443

Type of inspection:
Unannounced

Completed on:
16 January 2020

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300682
About the service we inspected

Chapel Level Nursing Home is a purpose-built care home for 60 older people, some of whom may have dementia. It is situated within a residential area of Kirkcaldy, near to a shopping centre.

The home has been owned and managed by HC-One Limited since October 2011.

The company says "All our efforts, resources and energy will be put towards ensuring that residents enjoy a good quality of life through receiving professional care in a safe, comfortable and welcoming environment. We want our staff to be the kindest people from our communities: life’s natural carers and givers, the unsung heroes who make the world a better, warmer place for the rest of us."

How we inspected the service

We wrote this report following an unannounced inspection. The inspection took place on:

Wednesday 15 January 2020 between 13:00 and 17:00
Thursday 16 January 2020 between 09:30 and 12:30

Feedback was given to the regional director and manager at the end of the inspection.

During the inspection we spoke with: residents, the manager, registered nurses and care staff.

We looked at:
- the action plan developed following the last inspection and complaint investigation
- examination of fluid balance charts, weight monitoring assessments and associated care plans
- medication records and processes
- the environment
- training records

We also spent time observing staff practices and how staff interacted with the residents.

Taking the views of people using the service into account

We spoke informally with residents during the inspection visits. Comments received were generally positive.

Comments included;
"Everything is fine here."
"The food is lovely and I’m very happy."
"No concerns or worries living here, the staff are lovely."

We observed that the residents were relaxed, calm and freely moving about the home. They responded positively to staff interaction and assistance.

Further views of residents were commented on in our previous inspection report dated 21 June 2019. This should be read in conjunction with this report.
Taking carers' views into account

We did not speak with any relatives/visitors during this inspection.

Views of carers were commented on in our previous inspection report dated 21 June 2019. This should be read in conjunction with this report.

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

Previous requirements

Requirement 1

The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;
- administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; “If I need help with my medication, I am able to have as much control as possible.” (HSCS 2.23) and SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

This requirement was made on 21 June 2019.

Action taken on previous requirement

Examination of MAR sheets identified a number of missing entries with no reason recorded for omissions. This has been an ongoing issue within the care home and the manager has agreed to increase the auditing of MAR sheets.

This will be followed up at the next inspection.

Not met

Requirement 2

The service provider must satisfy themselves that staff who complete observation charts such as daily fluid balance and weight monitoring charts have the knowledge and understanding to do so. Staff must consistently and accurately complete the charts, evaluate the content of the charts and plan care accordingly.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; “I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.” (HSCS 3.21) and to comply with; SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people and Regulation 15(b)(i) - staffing
This requirement was made on 21 June 2019.

**Action taken on previous requirement**
We found the standard of record keeping had improved. All fluid balance charts and weight monitoring charts were seen to be fully completed and the information used to inform staff practice.

**Met - within timescales**

**Requirement 3**

This requirement arose as a result of an upheld complaint:

The provider must ensure all staff who administer medication can demonstrate their understanding through good practice. This means - All staff who administer medication must revisit good practice guidance with particular reference to MARs and PRN protocols. - Managerial oversight must include an audit of MARs to ensure these are completed appropriately. - where the medication regime is changing rapidly there should be one point of contact to ensure there is consistency in recording.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14 “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.”

This is in order to comply with:
- Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 23 August 2019.

**Action taken on previous requirement**
All staff have received refresher medication training, this included PRN protocols and ensuring they were accurate and up to date. Where someone’s medication is subject to frequent changes, the service now introduce a new MAR sheet for this to reduce any confusion and ensure the most up to date details of medication are being administered. Management have an overview of all medication management.

**Met - within timescales**

**Requirement 4**

This requirement arose as a result of an upheld complaint:

The provider should ensure staff receive the training to deliver the care and support for the assessed needs of the people who use the service.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14 “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.”

This is in order to comply with:
- Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 23 August 2019.
Action taken on previous requirement
Training courses that address the assessed needs of the residents are in place for staff to access. Training records examined indicated all staff were up to date with all mandatory training and further supplementary training was also seen to have been received. The manager was reminded to ensure all staff training records were kept up to date.

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
This area for improvement arose as a result of an upheld complaint:

The service should ensure the pre-admission assessment is meaningful and pertinent to the person and takes into account all areas where the person may need additional support to meet the assessed needs.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14 "My future care and support needs are anticipated as part of my assessment."

This area for improvement was made on 23 August 2019.

Action taken since then
The manager carries out a full pre-admission assessment for any prospective new residents. This is fully documented and information gathered is used to plan the admission to the service ensuring all necessary equipment and staff training to meet the person’s needs are in place prior to admission.

This area for improvement has been met.

Previous area for improvement 2
This area for improvement arose as a result of an upheld complaint

The service should ensure staff have access to information and planned opportunities to speak about the specific medical conditions of those who use this service.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14 "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."

This area for improvement was made on 23 August 2019.
Action taken since then
Staff have regular, minuted supervision sessions with senior staff which affords them time to speak about the specific medical conditions of those who use this service. Staff meetings take place where information is shared and staff can raise any concerns they may have.

This area for improvement has been met.

Complaints

There has been one upheld complaint since the previous inspection. Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.
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