

Methven House **Care Home Service**

14 Bennoch Road
Kirkcaldy
KY1 1YQ

Telephone: 01592 260420

Type of inspection:
Unannounced

Completed on:
25 August 2020

Service provided by:
Kingdom Homes Ltd

Service provider number:
SP2003001615

Service no:
CS2005102454

About the service

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.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate and Health Improvement Scotland.

What people told us

We saw that people were comfortable and satisfied with their care and support. We spoke informally with a number of people during our visit some of the comments we received included:

"The staff are great."

"The staff are all very nice to me."

"I'm happy and content here, the staff have helped me keep in touch with my family which has been really great."

"The food is very nice, you always get plenty to eat and drink."

"The staff have done a great job, it's been a tough few months for everyone."

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
--	--------------

Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus in this inspection was to establish if people's health and wellbeing benefited from their care and support in relation to the COVID-19 pandemic. We found some strengths that just outweighed weaknesses resulting in an evaluation of adequate in this area of inspection. These strengths had a positive impact on people's experience and outcomes.

People were being supported to stay both physically and mentally well during the current situation. We could see from records that regular contact with family and friends through telephone calls and video chats were being carried out. Garden visits were also taking place and feedback was they were really making a difference for everyone involved. One person spoken with said the telephone calls had been good but, it made him feel so much better being able to be in the company of his family again after so long.

People were supported, where appropriate, to move freely throughout the open spaces within the home to help reduce any stress or distress. People were supported to have access to food and drink while in their own rooms and if they needed help, this was carried out in a dignified way with their personal preferences respected. People who required support received this and this was clearly documented.

The way people spend their day should promote feelings of purposefulness and wellbeing. Staff were supporting people to take part in one-to-one activities as well as in-house activities such as board games, skittles and quizzes. Entertainers had also recently put on a concert in the garden for everyone to enjoy. This enhanced people's feelings of wellbeing.

We could see that the service continued to be responsive to people's healthcare needs during the pandemic. There was good evidence of input from external professionals to support people with non-COVID-19 related issues. It was also clear that staff were considering possible COVID-19 related symptoms that people presented with and were discussing these with the relevant people. We were able to confirm that testing was considered as part of this approach. This helped people to get the treatment and support they required.

We sampled wound care charts and found these to be completed and the content evaluated to inform practice. Examination of medication administration records identified medications were always available however, we found several missing entries on the charts and no reasons given for these omissions. It is important that when there are any errors/omissions in medication administration that these issues are fully discussed with medical staff (GP/NHS 24) at the time of concern. This is to ensure any health impact on a person is monitored. (See Requirement 1).

We found that management had an overview of key areas including weights, falls, skin integrity and nutrition. Although we were confident that people's needs were being attended to, we did feel that the senior team could enhance monitoring of this. For example, it was clear that people were being offered and supported to have regular drinks. People we spoke with confirmed they got plenty to eat and drink. However, we sampled fluid balance charts that were in place for those at risk of dehydration and found these to be incomplete. For staff to effectively monitor, evaluate and plan care these charts need to be fully completed to enable the planning of care. (See Requirement 2).

We found that the service had been responsive to both local and national guidelines for restricting non-essential visitors to the home during the pandemic. In response to this, the provider had developed guidance around supporting people during end-of-life care. We heard how family members were supported to be with their relative during this period and the service understood the importance of this compassionate approach.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

We found the performance of the service in relation to infection control practices to support a safe and clean environment to be good. An evaluation of good applies where there are more strengths than weaknesses in critical aspects of performance, but further action will improve experiences and outcomes for people.

The home was well presented, clean and tidy. The floor coverings were a combination of washable vinyl and carpets, all were in good condition and clean. Furniture was cleaned regularly, including chairs and mattresses which helped to minimise the spread of infection. Communal areas such as the sitting room, dining room and bathrooms were also clean and free from clutter.

Residents' rooms were personalised and homely which promoted each residents' experience, dignity and respect. There was a good supply of cleaning solutions, cleaning equipment and PPE available to staff. This meant staff could keep themselves and the people they care for safe.

The staff understood how and when they should wear PPE to protect themselves and others. The Clinical Assurance Manager demonstrated a good understanding of Infection Prevention and Control, this helped to improve the staff awareness of the risks associated with infections such as COVID-19.

We saw staff performing hand hygiene when entering the different areas of the home, when providing care for people, before serving meals and after social touch such as help someone to sit down. This helps to stop infection being transmitted between people.

General waste such as paper towels were placed in clinical waste bins instead of general bins. In some cases where there were general bins, they were too small to hold all the general waste. Larger bins to contain general waste should be made available throughout the home. The manager gave assurance that this would be actioned immediately.

We saw that a sharps bin was not signed or dated on opening. The lid was not closed over when not in use. Staff disposing of sharps should follow national guidance to ensure risks are minimised to themselves and others. (See Area for Improvement 1).

Some of the steps on two of the fire escape stair wells needed attention to make them safe. This will help to reduce the risk of trips and falls. (See Area for Improvement 2).

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We found the performance of the service in relation to staffing to be good. An evaluation of good applies where there are more strengths

than weaknesses in critical aspects of performance, but further action will improve experiences and outcomes for people.

We spoke to staff during our visit and they told us that they had received training in infection prevention and control, COVID-19 and the safe and effective use of personal protective equipment (PPE). Because staff had accessed this training, they were able to describe the changes in practice they have had to make during the pandemic and how they were supported to keep themselves and people who use the service, safe. We saw an example of this when staff were supporting residents to wash their hands before going for lunch. Staff described how they supported residents to social distance and we observed that the home had put in place appropriate measures to maintain social distancing. This included having tables between chairs in communal areas. During our visit we saw staff sensitively supporting residents to move around the home in a way which maintained social distance. We also saw staff throughout the home maintaining a safe distance between themselves and colleagues.

Staff working throughout the home were wearing appropriate PPE for the tasks they were carrying out. One carer told us that they had regular meetings with senior staff to keep up-to-date with good practice in the use of PPE and that infection prevention and control was discussed during supervision. A senior member of staff told us that they regularly did active learning with colleagues regarding safe practice, such as hand washing and putting on and taking off PPE and this helped to ensure good practice was shared within the staff team. However, one member of staff told us that they had not accessed training regarding infection prevention and control and COVID-19 since starting in post at the commencement of lockdown. As a result, they were unable to demonstrate safe practice in the use of PPE. (See Area for Improvement 3).

On the day of the inspection we saw good staffing levels throughout the home. Staff appeared relaxed and supportive of residents and did not appear to be rushed in the tasks they were undertaking including supporting residents within their bedrooms and to move around the home to relax in communal areas. PPE was available across the home in residents' bedrooms including access to disposal bins in en-suite bathrooms. This meant that staff could access PPE when they needed to and we saw that staff were wearing appropriate PPE for the tasks they were undertaking.

Staff told us that the morale of the team was good, they felt safe at work and had good support networks in place. These included access to advice and support from senior staff and strong peer support. They told us that the manager was a visible presence within the home and was approachable providing support and guidance where necessary. These networks had helped staff to cope and to work effectively during a challenging time. This positive morale was evident from our observations of staff during our visit and we could see that people living in the home benefited from this as they appeared relaxed, comfortable and well looked after.

Requirements

1. In order to ensure that people get the medication they need, the provider must put in place an effective medication management system by 8 September 2020.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24) and in order to comply with SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people.

2. The service provider must, by 8 September 2020, satisfy themselves that staff who complete observation charts such as daily fluid balance 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 (HSCS) 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) It is also 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.

Areas for improvement

1. In order to minimise risk to themselves and others staff should ensure they follow national practice guidance on the safe disposal of sharps and always sign and enter the date of opening.

This is to ensure care and support is consistent with the Health and Social care Standards (HSCS) which state that '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)

2. In order to reduce the risk of trips and falls the manager should ensure routine maintenance work is carried out on the steps in the fire escape stair wells.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furniture and equipment.' (HSCS 5.22)

3. The service should ensure that there is an effective system in place to ensure that all staff are provided with training regarding infection prevention and control and COVID-19 and evaluate the effectiveness of training and its impact upon staff practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that '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)

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

Requirements

Requirement 1

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

- fully assess the scope of staffs' 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

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. Therefore we could not fully assess this at this inspection. This will be carried forward to the next inspection.

Not assessed at this inspection

Requirement 2

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

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. Therefore we could not fully assess this at this inspection. This will be carried forward to the next inspection.

Not assessed at this inspection

Requirement 3

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

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. Therefore we could not fully assess this at this inspection. This will be carried forward to the next inspection.

Not assessed at this inspection

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 arose as a result of an upheld complaint:

The service should ensure all staff with supervisory and managerial oversight revisit the provider's adult protection policy to ensure they understand their role and responsibilities expected. This should include revisiting the support plans timeously to ensure any possible risk is minimised, planned staff interviews are conducted within an agreed timescale and before they are to deliver care and support to people who use the service.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This area for improvement was made on 9 October 2019.

Action taken since then

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. Therefore we could not fully assess this at this inspection. This will be carried forward to the next inspection.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.