

Chapel Level Nursing Home Care Home Service

34 Broom Gardens
Kirkcaldy
KY2 6YZ

Telephone: 01592 644 443

Type of inspection:
Unannounced

Completed on:
16 February 2021

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300682

About the service

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'.

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.

What people told us

We spoke informally with a number of people during our inspection. They told us they were happy living at Chapel Level and expressed no concerns.

Some were unable to tell us verbally about their experience of living at Chapel Level. To help us understand their experiences, we spent some time observing how they interacted with each other and staff. We saw lots of positive, friendly, and respectful interactions, and people appeared to be happy and relaxed in their environment.

We spoke with three relatives as part of the inspection, relatives were generally happy with the care and support provided to their loved ones during the pandemic. This is what they told us:

'They are doing a fantastic job, no complaints'.

'The home allows my husband's dog in to visit him, what a difference this makes for him'.

'Think they have done well'.

'Great admiration for the effort put in, staff are rather nice'.

'Happy with him being there, I know he is being cared for'.

'We had a family wedding and the home facilitated a Facetime session for my parents to be with the wedding party'.

Feedback from all relatives was the home communicates via a combination of letters and telephone calls. Any major changes are set down in letters. If there are issues with falls or deterioration of health, the home contacts relatives. Relatives are encouraged to phone for updates and are given detailed information regarding their relative's activities or daily living.

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
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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. The service was responsive to guidance about restricting non-essential visitors to the home during the pandemic. They developed guidance to support people during end-of-life care and people had end-of-life care plans to inform staff of their wishes. 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.

People were supported to stay both physically and mentally well during the current pandemic. We found there was regular contact with family and friends through telephone calls and video chats. Relatives we spoke with said the staff had kept them informed and up to date with all aspects of their loved one's wellbeing.

The way people spend their day should promote wellbeing and a sense of purposefulness. To achieve this staff supported people to take part in in-house activities and a member of staff on each shift was dedicated to spending time with people who chose to stay in their bedroom. This enhanced people's feelings of wellbeing.

The service continued to be responsive to people's healthcare needs during the pandemic. There was good evidence of support from external professionals when people had non COVID-19 health needs. It was also clear that staff considered possible COVID-19 symptoms if people were unwell and were discussing these with the relevant people. We were able to confirm that testing was part of this approach. People were able to get the treatment and support they required.

Management had an overview of key areas including food and fluid intake, weight monitoring, falls and skin integrity which alert staff to significant changes in people's health. Medication records demonstrated that people were promptly supported with the administration of prescribed items. This provided assurance that people received the treatment they needed.

People's care plans contained enough detail to inform staff of how to best meet people's needs. Unfortunately, we had great difficulty reading some of the care plans due to the style of handwriting. Some staff we spoke with told us they had difficulty reading the content too. This meant that information could easily be missed or misunderstood. We spoke with the management who assured us they would implement alternative methods of recording as a matter of urgency. We also saw stress/distress protocols in place for residents who required them. However, in some instances recording tools such as Antecedent Behaviour Consequence (ABC) charts were being used but 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. **(See areas for improvement 1).**

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 adequate.

An evaluation of adequate applies where there are some strengths, but these just outweigh the weaknesses. During an outbreak of COVID-19, the application of strict infection control procedures is paramount to make sure people are safe. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of all people experiencing care and staff.

We found the service had good supplies of Personal Protective Equipment (PPE) and staff knew how to access it. The PPE was situated at the entrance of the home and at many PPE stations. PPE includes the wearing of masks by staff and visitors in all parts of the home. Generally, we saw staff and visitors wearing masks appropriately. Unfortunately, on three occasions we saw instances where three different staff members had not changed their mask at the appropriate time. This increases the risk of the transmission of air borne infections. **(See requirement 1).**

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and there were two opportunities each week for staff to be tested. Staff were able to be tested during their days at work, resulting in a high rate of compliance.

We saw staff performing hand hygiene when entering the different areas of the home, when providing care for individuals, before tasks such as serving meals and after social touch such as helping someone to sit down. This is required to break the transmission path between individuals.

At the time of the inspection the home was undergoing a 'deep clean'. This was being carried out by a team of external contractors. We found levels of cleanliness in the home to be adequate. The bedrooms, ensuite showers and communal areas were found to be tidy and well-maintained. Floors throughout the home were clean and fresh. Bath hoists were clean and bathroom surfaces were well-maintained and free from contamination. Handrails, skirtings and door facings throughout the home were clean and in good order. Handrails and other frequently touched areas need to be cleaned often to prevent the spread of infection. Domestic staff carried this out as part of their daily routine. Additional cleaning was required out with the domestic shifts. Care staff were tasked to do additional cleaning of these frequently touched areas. We saw records of when this was done providing evidence and assurance that the task had been completed. This meant that people experiencing care felt safe and secure and the risk of infection was reduced.

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

We found the service to be performing at a good level in relation to staffing. This evaluation reflects a performance where there are a number of important strengths which clearly outweigh any areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

Staff were visible and available for people. Support was provided promptly when requested or required. We observed a friendly approach, enabling conversations and good banter between staff and the people they supported. When people required support during mealtimes there were enough staff to allow this to take place in a relaxed and dignified way.

Staff told us about training they received about infection control practice, including, donning and doffing Personal Protective Equipment (PPE) and handwashing. We saw that there was good attention from staff to ensuring the environment and shared equipment was clean which reduced the risk of cross infection to residents and staff.

Staff had started to access specific training about COVID-19. The manager was working hard to ensure that this training was accessed by all staff. This additional training could support staff to keep residents and themselves safer from infection or cross-contamination.

Staff told us that they had not had regular supervision during the pandemic. If regularly held supervision records should demonstrate how staff were supported to understand their roles or improve their practice.

Since the last inspection we saw that staff had worked very hard and made significant improvements in the cleanliness of the environment and equipment used to support people. This meant that the risk of cross infection was reduced and that everyone living in the home or visiting were safer. To sustain improvements in infection control practice, managers had established regular audit and observations of staff practice.

Staff told us they worked well as a team and that their manager and depute manager had been visible and supportive during the current challenging times. Flash, team and handover meetings were used to provide staff with the opportunity to discuss issues or concerns and to promote best practice. This also supported staff to be involved and have a shared responsibility to keep people safe by adapting their care and support practices in order to reduce avoidable risk of infection.

It was evident that staff were working in challenging circumstances. The impact of loss and grief was significant. Staff told us about a lack of opportunity to debrief, reflect or manage loss. Although a company helpline was available, further support was needed to improve staff wellbeing. **(See areas for improvement 2).**

Requirements

1. By 25 February 2021, you must ensure that safe infection control practices are always followed. In particular, you must:

Ensure that infection prevention and control policies regarding the use of Personal Protective Equipment (PPE) are adhered to and take account of the most up-to-date guidance from Health Protection Scotland.

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

Areas for improvement

1. The service provider should ensure that all records including care plans and assessment tools are legible and complete so that all staff have the correct information to deliver appropriate care and support.

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 choices.' (HSCS 1.15).

2. To support staff wellbeing, the provider should review the resources and opportunities available to debrief, reflect and manage loss and grief during the pandemic.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I use a service and organisation that are well led and managed'. (HSCS 4.23).

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

Requirements

Requirement 1

In order to mitigate the risk of people experiencing care not being appropriately protected because there was inadequate cleaning of environment and equipment.

The provider must:

Ensure regular audits of the environment, the equipment used by people and cleaning records ensure good standards of cleanliness in the home and of the equipment used by people are sustained.

Ensure an effective system for ensuring staff have access to the latest best practice guidance and are following this.

This is to comply with Regulation 4. (1) (a) make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

To be completed by: 11 December 2020.

This requirement was made on 18 September 2020.

Action taken on previous requirement

A deep clean of the homes was being undertaken by an external contractor. We could see that adequate standards of cleanliness were being maintained in the home and of equipment. All mattresses and cushions that were checked were clean. All areas of the home we checked were clean.

Domestic staff were knowledgeable about their role and the products they needed to use. It was clear that staff knew how to practice infection prevention and control whilst keeping the home clean. The service has a useful system of poster prompts, for example reminders to maintain physical distance, prompts on the use of nitrile gloves and temperatures for washing laundry.

Daily audits of all areas of the home are carried out to ensure acceptable standards of cleanliness are maintained.

Met - outwith timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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