

## Forth View Care Centre Care Home Service

6 Sea Road  
Methil  
Leven  
KY8 3DE

Telephone: 01592 716 500

**Type of inspection:**  
Unannounced

**Completed on:**  
9 March 2021

**Service provided by:**  
Balhousie Care Limited

**Service provider number:**  
SP2010011109

**Service no:**  
CS2011302958

## About the service

Forth View Care Centre is a purpose-built care home registered to care for up to 45 older people, of which five may be for short breaks and respite and a maximum of ten adults with physical and sensory impairment in the Loch Head Unit. The home is part of the Balhousie Care Group. The service is located in Methil and can be easily reached using local transport networks from nearby Leven and Kirkcaldy.

Accommodation is provided over two floors. The rooms consist of single en-suite bedrooms with wet room showers. Each floor has a number of seating areas and dining areas to allow residents to make choices about where to spend their time. Small kitchen areas in the lounges are accessible to residents, relatives and visitors to the service. The garden to the rear of the building is secure and accessible from the dining room on the ground floor. The garden is equipped with a play area for the use of visiting children.

This report refers to our findings following unannounced visits to the service on 2 February 2021, 17 February 2021 and 9 March 2021 when we followed up on requirements made through:

- an Improvement Notice issued on the 19th of January 2021,
- a visit to investigate two complaints on 21 December 2020 and
- a previous inspection of the service in November 2019.

We spoke with the care home management team including the new manager who had been in post for two weeks, external compliance managers, nurses on duty, senior care assistants and care assistants.

## What people told us

People appeared relaxed and at ease in the company of staff. We spoke with residents across the three units within the home and they all spoke positively about the support provided to them by care staff. We did not speak with relatives or family members during our visits

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

### Requirements

#### Requirement 1

In order to promote the health, wellbeing and safety of service users, the provider must ensure that the level of staffing is adequate to provide the assessed level of support to service users at all times. Deployment of staff must be accurately recorded.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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 8 January 2020.

#### Action taken on previous requirement

This requirement was made following an unannounced inspection of the service in November 2019. The requirement had been amended and formed part of the "Improvement Notice" issued to the provider on 18 January 2021:

By 26 February 2021, you must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of 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.

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

Since the 19 January, we have undertaken 2 monitoring visits and a follow up inspection. These visits evidenced that improvements had been made.

- The service has evaluated the staffing levels and how staff are deployed, ensuring the outcomes for people experiencing care have and continue to improve.
- Short term agency contracts have been implemented ensuring there is a continuity of staff.
- The service has recruited some care staff, which has reduced short falls in the staff numbers.
- The on-going management of sickness/absence of staff continues.
- The management have undertaken a training needs analysis and are now developing a training plan for staff.
- The management have undertaken 1:1 supervisions with senior care assistants and this is in the process of being rolled out to all staff.

#### Met - within timescales

### Requirement 2

The provider must demonstrate that the hydration and nutritional needs of people who use the service are regularly agreed, assessed and adequately met.

In order to achieve this the provider must:

- ensure that planned support is fully implemented and people's hydration/nutritional needs are met.
- demonstrate that the malnutrition risk screening tool (MUST) is used to fully inform practice.
- develop and implement clear treatment plans when people are identified at risk of dehydration.
- demonstrate that all staff have an understanding of how to prevent dehydration and the appropriate management of fluid intake.

- ensure that documentation and records are accurate, sufficiently detailed and analysed which reflect the care planned or provided.

To be completed by: 25 December 2020.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

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 24 December 2020.**

## Action taken on previous requirement

The requirement has been amended and forms part of the 'Improvement Notice' that we issued to the provider on 19 January 2021:

By 26 February 2021, you must ensure that all service users are adequately hydrated and are appropriately fed and nourished at all times.

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)

During the visits to the service in February 2021 and at the follow up inspection in March 2021, we found evidence to support that people were being supported with diet and fluids. We found that staff had more time to interact with people and provide support with eating and drinking. This meant that people living in the home could expect that their diet and fluid needs would be met. According to the fluid intake records, people's fluid intake had improved and most people were being offered drinks regularly. Staff knew people well and had a good knowledge of their needs and how they were to be supported. To ensure that people continue to have their food and fluid needs met, ongoing improvement will be necessary to ensure good outcomes are sustained.

## Met - within timescales

### Requirement 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.

In order to achieve this the provider must:

- set out clear aims and objectives of the service and detail how these will be achieved.
- ensure each person has been consulted; to identify what is important to them and how each will fulfil their own potential with staff support.
- for people to be included and become involved on how improvements can be made and how the unit is operating.

To be completed by: 15 February 2021

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

This is in order to comply with: Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 24 December 2020.**

#### Action taken on previous requirement

This requirement was made following a complaint's investigation which took place 21 December 2020.

This requirement related to the Young Persons Unit within the home. This unit provides support for up to ten people under the age of 65 who have a range of physical, sensory and mental health needs including brain injury, substance misuse and mental health conditions. The provider had developed a report which outlined the aims and objectives of the unit and an action plan to develop and take forward improvements within the unit. These included:

- Engagement with residents regarding their views of the unit. A resident survey had already been completed and identified areas where some residents would like to see improvement. This related to the food provided, including choice and portion size.
- Review of staffing model within the unit.
- Analysis of training needs of staff working in the unit. This had resulted in mental health awareness training being made available to staff in the unit.
- Review of placements including re-assessment of peoples' needs. Links have now been established with the Fife Health and Social Care Partnership commissioning manager and adult social work team managers to review placements. A first meeting has been scheduled.

We will review progress with the implementation of the action plan at future inspections.

**Met - within timescales**

#### Requirement 4

In order to ensure that people living in this care home have their needs safely met by staff who have the necessary skills and competencies, the provider must ensure that staff experience regular training and refresher training when required.

The provider must also ensure that staff are registered with the appropriate professional bodies and are aware of their professional and organisational codes.

To be completed by: 28 February 2021.

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(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 8 January 2020.**

### Action taken on previous requirement

This requirement was made following an inspection of the service in November 2019 and repeated in December 2020.

The provider had completed a training needs analysis by asking all staff to identify their training needs for their role within the service. We spoke with staff who had completed this and they told us that this allowed them to identify basic training needs and more specific training in areas such as mental health awareness and caring for people living with dementia. A training plan had been developed which outlined timescales for mandatory training. Some staff had recently benefitted from training regarding mental health conditions. This will mean that people living in the service could expect to be supported to have their mental health needs met by staff who know how to meet these needs.

We will review progress with the implementation of mandatory and other training needs at future inspections. This will include how staff have implemented training into their practice in order to deliver improved outcomes for people using the service. A new requirement has been made regarding personal development plans for all staff.

Progress regarding staff registration with professional bodies was not examined at this inspection. We will review progress with staff registration at ongoing contact with the service and future inspections.

**Met - within timescales**

## Requirement 5

The provider must demonstrate that staff supervision is provided in accordance with the provider's policy and procedures in order to ensure that staff are supported.

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 8 January 2020.**

### Action taken on previous requirement

This requirement was made following an inspection of the service in November 2019.

The service had an appropriate supervision policy in place. During the inspection we examined supervision records and spoke with staff regarding their experience of supervision. We were satisfied that supervision was provided in accordance with the providers policy and procedures and that staff we spoke with felt supported by supervision. Regular supervision will ensure that staff have the knowledge and skills to ensure good outcomes for the people they support.

### Met - outwith timescales

#### Requirement 6

The provider must demonstrate that all personal plans record all risk, health, welfare and safety needs in a person-centred manner which identifies how needs are met. In order to do this the provider must ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided for people.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.'

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 8 January 2020.**

#### Action taken on previous requirement

This requirement was made following an unannounced inspection of the service in November 2019.

We examined electronic personal plans during monitoring visits on 2 and 17 of February 2021 and at the follow up inspection on 9 March.

Electronic care plans provided a good guide to the care and support needs of people who live in the service. Care plans we examined were mostly reviewed on a monthly basis by senior staff within the home, however there was a lack of multi agency review of care plans as a result of a limited programme of reviews by the local authority social work teams. Contact had been made with the Health and Social Care Partnership and we were satisfied that progress with reviews would take place in the near future. This will ensure that everyone involved in the care of individuals will be able to contribute to the development of their personal plan.

Although care plans were contained on the hand held devices used by care staff to record tasks carried out, most care staff were not confident or enabled to access care plans and use these as a working tool. At the inspection, we made a new requirement to address the need for all staff to be trained in the use of Person Centred Software (PCS) and to have access to care plans.

### Met - outwith timescales

#### Requirement 7

The provider must ensure complaints are managed effectively and ensure that there is an accurate record of all actions taken and the subsequent complaints outcomes.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This is in order to comply with: Regulation 18(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

To be completed by: 15 January 2020.

**This requirement was made on 8 January 2020.**

## Action taken on previous requirement

This requirement was made following an inspection of the service in November 2019.

The service had a complaints folder. This contained a copy of the Balhousie Care Ltd Complaint policy which had been due to be reviewed in December 2019. The service had received one recent complaint which had been investigated by the Care Inspectorate in December 2020. Although there was an action plan in place, this did not include details of what action had been completed, when, and the complaints outcome

At the inspection, we were informed that policies and procedures were currently being reviewed. We will review progress at future inspection.

**Not met**

## Requirement 8

The provider must ensure that a robust whistle-blowing policy is implemented to which all staff and management are familiar with. The provider must provide training to ensure that staff are aware of their responsibility to protect people experiencing care and are comfortable with the whistle-blowing policy

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

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).

To be completed by: 15 January 2020

**This requirement was made on 8 January 2020.**

## Action taken on previous requirement

This requirement was made following an inspection of the service in November 2019.

An up-to-date Whistleblowing policy was in place. There was evidence that staff and managers were familiar with this policy due to having had access to a copy of this policy and recent complaints to the Care Inspectorate being raised by members of staff.

**Met - outwith timescales**



## Requirement 9

By 26 February 2021, ensure that service users' assessed care and support needs are met you must have effective governance at both provider and service level to monitor and manage the quality of care and effectively identify and drive improvements in the service.

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 18 January 2021.**

### Action taken on previous requirement

The requirement forms part of the 'Improvement Notice' that we issued to the provider on 19 January 2021 and since then the provider has ensured additional support has been provided by managers in order for improvements to be made in the service.

There has been clinical support provided to nursing and care staff and an overview taken of how the service is operating and what improvements have been required to be made to ensure people's care and support needs are being met.

Senior care assistants competencies have been assessed to ensure there is good leadership provided in the day to day management of the units. There is still some work to be completed in this area, which has been discussed with the management team. A new requirement is made in relation to the day to day management of staff working within the home.

A new manager commenced employment two weeks ago and is fully aware of the improvements which have to be made.

### Met - within timescales

## Requirement 10

By 14 May 2021, the provider must ensure that service users' care plans provide robust detail that have been fully assessed and accurately recorded which provides staff with effective guidance on how to support residents.

In order to achieve this the provider must:

- Ensure that staff have access to service users' care and support plans and risk assessments.
- Ensure that the written plan is clear and concise, and the plan has supporting evaluation documentation that will evidence staff practice.
- Ensure staff are knowledgeable on how to interpret and understand the information held within each service users care and support plan and what support it required to be provided.
- Demonstrate that staff follow policy and best practice about record-keeping and documentation.
- Ensure that the written plan is being effectively assessed monitored and audited by managers.

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: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

**This requirement was made on 14 May 2021.**

## Action taken on previous requirement

This is a new requirement

**Not assessed at this inspection**

## Requirement 11

By 14 May 2021, the provider must demonstrate that staff receive the appropriate training to support the role in which they are working.

In order to achieve this the provider must:

- Identify the training needs for each staff member and develop a personal development plan setting out aims and objectives on how these learning needs will be met.
- Ensure staff are assessed as competent after training has been undertaken.
- Regularly review and update the training plan in order for ongoing learning to be progressed and achieved.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 15(a) - requirement about staffing.

**This requirement was made on 14 May 2021.**

## Action taken on previous requirement

This is a new requirement

**Not assessed at this inspection**

## Requirement 12

By 9 April 2021 the provider must demonstrate that senior care staff have the leadership skills and competencies which are required to lead a team and ensuring good outcomes for people experiencing care.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 15(a) - requirement about staffing.

**This requirement was made on 9 April 2021.**

## Action taken on previous requirement

This is a new requirement

Not assessed at this inspection

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 ਵਿਚ 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.