

Methven House Care Home Service

14 Bennoch Road
Kirkcaldy
KY1 1YQ

Telephone: 01592 260 420

Type of inspection:
Unannounced

Completed on:
24 May 2021

Service provided by:
Kingdom Homes Ltd

Service provider number:
SP2003001615

Service no:
CS2005102454

About the service

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.

What people told us

We spoke with a number of people living in the service, comments included:

"Staff are very agreeable; they are willing overall. I'm getting good attention"

"I like that I have a separate social area in my room"

"The food - there is a fine variety. Tonight I've asked for some brown bread and banana as it is too much to eat two meals a day sometimes. There is no problem getting something else (other than what is on the menu)"

"I read the paper in the morning and have a nap in the afternoon. That is what I like to do. I feel content and am not forced to do things I don't want to do."

"Some days are alright, other days are not. There's nobody to chat with, staff are nice but don't have the time."

"I talk regularly with my friends and family."

"I'm bored out of my skull."

"The kitchen make things up for me every week when my (relative) brings things in from the shop."

"The buzzer goes for a long time."

A sample of relatives were contacted by phone to gain their views, comments included:

"Very happy. We have peace of mind."

"Dad was very quiet when he went into the home, now he is mixing with others in the dining room."

"With the covid situation I'm not really aware of activities, but so glad to see dad mixing with others."

"Communication is very good. Dad likes the staff."

"Yes. (when asked if allowed to visit in the bedroom). Visiting twice a week. Thirty minutes per visit."

"No complaints whatsoever. There is a booking system in place for visits. The booking system is sufficient and I have no problems obtaining a visiting slot."

"There are activity staff who provide support. The co-ordinator takes (relative) in chair to watch activities, which he enjoys."

"I can phone anytime but sometimes not easy to get through to staff. Happy that (relative's) needs are being met."

"(staff member) is in charge of the booking system for visits. It is quite difficult to get in contact with her due to her being the only person dealing with bookings. Quite a poor system really."

"...activities are curtailed but recent email states bus trips etc will hopefully commence soon."

"Staff are familiar. They phone and keep me up to date."

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? | 2 - Weak |
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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?

2 - Weak

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 benefitted 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.

People living in Methven House were supported by care staff who were familiar with individual's choices and preferences. Staff were attentive and people were treated with kindness which encouraged people to feel at ease with and trust staff.

Care plans were generally well written and had lots of valuable information about people's preferences. Clear guidance on the management of distress reactions contributed to people's wellbeing in a positive way. However, there were a few improvements that were required in the care plans we looked at which we discussed with staff.

In one care plan the multifactorial falls risk assessment did not include the latest fall and we could see that two of the previous fall incident documents were not dated. This meant assessment and planned care may not have been accurate.

There was a document in one care plan that stated the person was COVID-19 positive. On discussion with staff, we were informed that the man does not have covid 19 and that the document was in place 'just in case'. We discussed how confusing this may be for staff.

We looked at the electronic medication administration records and saw that there were good outcomes for people as there were no gaps in the recording of medication. This is a new system to the service.

We observed lunch; there was a calm, relaxed atmosphere. People were given choice and substitutes were offered if a person did not like what was on the menu. People initiated discussion about how much they were enjoying the food.

Staff assisting with lunch clearly knew people well, were respectful, considerate and were skilled at assisting those people who became confused or restless during lunch. We noticed that people were not assisted to perform hand hygiene post lunch which did not meet basic needs or respect people's dignity.

We observed that some people were not engaged in meaningful activities throughout the day which may negatively impact on their health and wellbeing. We fed this back to the manager and asked for a review of how activities are embedded into peoples' daily lives so that they feel fulfilled socially and recreationally.

We observed a good atmosphere between staff working together and that they were consistent, kind and supportive when interacting with people. This encouraged trust from those receiving care.

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

We evaluated how well infection control practices support a safe environment for people experiencing care and support. We found the service to be performing at a weak level, with concerns which required improvement as a matter of priority. People's welfare and safety was compromised in certain areas.

Personal protective equipment (PPE) supplies were adequate and available throughout the home. PPE was being stored correctly in the corridor areas and within people's bedrooms. PPE was being disposed of correctly and waste was correctly segregated throughout the home. Outdoor waste containers for clinical waste were locked in accordance with guidance. PPE was being worn correctly by staff and handwashing practice was checked weekly by a dedicated covid champion. A variety of infection prevention and control measures were being audited, however staff required further support and development to make sure that checklists were completed correctly.

Laundry management and systems to collect and distribute laundry were in line with current guidance. Laundry staff were knowledgeable about the ways in which laundry could be managed to reduce risk.

The service appeared to be generally clean and well-maintained throughout. Communal areas were clear of clutter. There were adequate domestic staff to manage the cleaning and enhanced cleaning schedules were in place. While care equipment was generally clean some catering equipment and dining areas caused concern. One dining room required additional cleaning. Tablecloths, cupboards, fridge and dining equipment were not cleaned to an acceptable standard. Hot trolleys used to serve food were not clean. This presented an infection risk. Staff were unclear about the allocation of cleaning tasks and there was an inconsistency to cleaning in some areas as a result. Staff practice in the disposal of food and fluid waste did not always follow general food hygiene requirements which increased the risk of infection. A requirement is made. See requirement 1.

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 evaluated that staffing arrangements, in relation to the changing needs of people experiencing care, were adequate. Where there are some strengths, it is important the provider builds on these strengths, to increase the likelihood of people experiencing positive experiences and outcomes.

Training records confirmed staff had undertaken training in infection control practices including COVID related safety measures. Staff were able to describe symptoms and procedure should they have concerns about themselves or those they support.

Staff told us that they felt safe at work and were well supported by their peers and the management. They told us that they found the seniors and Nurse approachable and accessible which enabled them to voice their concerns and share ideas. This helped to build a staff team that were consistent in the support they provided for people.

Staff training records identified that all staff had completed COVID-19 training. Staff were able to describe some changes in practice they have had to make since the pandemic had begun, such as use of Personal Protective Equipment (PPE) and social distancing. Staff were wearing appropriate PPE for the care and support they were providing.

The service had three outstanding requirements regarding staffing which were not assessed at our last inspection.

We found the provider's dependency tool only considered physical care and support needs and did not take into consideration mental health or social needs and is not fit for the intended purpose. There was no evaluation of the effectiveness of the dependency tool, so we were unable to view management oversight of how well it worked. Staff rotas identified that when some staff were absent from work their shift was not covered and activities need to be developed. Requirements carried forward within our last report, apply.

We guided the manager to look at Care (Staffing) (Scotland) Act 2019 to inform them of how to proceed with staffing levels to support all needs of people living in the home and considers staff wellbeing to ensure safe and effective staffing and ultimately, the best outcomes for people experiencing care.

Requirements

1. Requirement 1

In order to ensure that people experience a safe, clean, and well-maintained environment which minimises the risk of infection, the provider must address identified issues by 31 May 2021.

In particular, you must ensure:

1. All equipment is clean and safe to use.
2. Staff are aware of their roles and responsibilities regarding cleaning throughout the home.
3. There is an effective and comprehensive quality assurance system in place to ensure that the environment is consistently safe and well maintained. Effective systems and processes must be put in place to ensure that equipment and environmental cleanliness is accurately recorded so that assurance can be taken from these processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I experience high quality care and support based on relevant evidence, guidance, and best practice" (HSCS 4.11).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) and (d) - Welfare of users and procedures for the prevention and control of infection.

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

Requirements

Requirement 1

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.

This requirement was made on 21 May 2019.

Action taken on previous requirement

We were aware of staff working hard to meet the care and support needs of the people in their care. Our discussions with staff highlighted their experience of pressure to get through the work.

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 considered when establishing the required number of staff.

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.

We will remove this requirement and monitor staffing under requirement (3)

Met - outwith timescales

Requirement 2

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:

- 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.

- 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

As recorded under requirement 1: We were aware of staff working hard to meet the care and support needs of the people in their care. Our discussions with staff highlighted their experience of pressure to get through the work.

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 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.

We will remove this requirement and monitor staffing under requirement (3)

Met - outwith timescales

Requirement 3

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 4 October 2019.

Action taken on previous requirement

We were aware of staff working hard to meet the care and support needs of the people in their care. Our discussions with staff highlighted their experience of pressure to get through the work.

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 considered when establishing the required number of staff.

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.

A multifactorial falls risk assessment did not include the latest fall and we could see that two of the previous fall incident documents were not dated. This meant assessment and planned care was not accurate and people's safety may have been compromised.

Not met extended timescales = 31 August 2021

Not met

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? | 2 - Weak |
| 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 | 2 - Weak |
| 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care | 3 - Adequate |

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