

Chapel Level Nursing Home Care Home Service

34 Broom Gardens
Kirkcaldy
KY2 6YZ

Telephone: 01592 644 443

Type of inspection:
Unannounced

Completed on:
8 December 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'.

We carried out an unannounced visit on 08 December 2021. This was a focussed follow up inspection to evaluate the requirements made from two upheld complaints.

This inspection was carried out by inspectors from the Care Inspectorate.

What people told us

We did not speak with people using the service or any relatives and carers.

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

Requirements

Requirement 1

In order to ensure positive outcomes for people who use this service, the service should further develop robust systems to effectively demonstrate that all clients' individual care/support plans and monitoring records are sufficiently detailed and provide staff with effective guidance on how to support clients. In order to achieve this the provider should:

ensure that documentation and records are accurate, sufficiently detailed and reflect the care/support planned and provided

ensure that there is documented evidence within care planning, on action taken when residents are not achieving their targeted daily fluid requirements

ensure that staff have a clear understanding of accurate recording in relation to residents dietary monitoring

be able to show evidence of regular on-going monitoring and evaluation of records, to demonstrate that staff have a clear understanding about their role and responsibilities and can demonstrate this through their practice

when areas of risk are identified, introduce risk assessment guidance to ensure that residents care/support arrangements are being effectively monitored and evaluated.

To be completed by: 18 October 2021

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 20 September 2021.

Action taken on previous requirement

There has been a recent change of manager at the service. We saw that some actions had been taken to address the improvements outlined in the requirement. The manager agreed that work was still required to fully address the requirement. We have extended the time frame for this requirement to 21 February 2022. This will allow the provider more time to fully implement the improvements that are still needed.

Not met

Requirement 2

To ensure positive outcomes for people who use this service the provider should further develop robust systems to effectively demonstrate how all residents' individual care and support needs are being met. In order to achieve this.

- (a) Ensure that documentation and records are accurately completed, sufficiently detailed and reflect the care planned or provided.
- (b) Be able to demonstrate that all staff have a clear understanding of the appropriate management of falls and falls prevention.
- (c) Ensure that staff have a clear understanding about their role and responsibilities when a resident has unexplained bruising/abrasions and can demonstrate this through their practice.
- (d) Ensure that company policy is followed, including when a resident may have a head injury, implementing the appropriate protocol, maintaining clear records of observations to assess for any neurological changes and any decisions made regarding seeking additional medical advice and the outcome of this decision.

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: 4 (1) (a) - requirement for the health and welfare of service users. This is to ensure that care and support is consistent with Health and Social Care Standards – My support, my life

4.11 I receive high quality care and support based on relevant evidence, guidance, and best practice.

This requirement was made on 1 July 2021.

Action taken on previous requirement

There has been a recent change of manager at the service. We saw that some actions had been taken to address the improvements outlined in the requirement. The manager agreed that work was still required to fully address the requirement. We have extended the time frame for this requirement to 21 February 2022. This will allow the provider more time to fully implement the improvements that are still needed.

Not met

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

To support safe outcomes for people, the manager should further develop robust systems to be able to demonstrate that people's property is respected and valued. The manager should:

make sure all clothing and personal property is clearly labelled

make sure that inventories of residents personal property is accurate and current

replace or reimburse lost items timeously so that people are not disadvantaged.

This is to ensure care and support is consistent with Health and Social Care Standard 4.4: I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

This area for improvement was made on 20 September 2021.

Action taken since then

Not assessed at this visit.

Previous area for improvement 2

To support safe outcomes for people, the manager should:

(a) Ensure that care plan documentation is sufficiently detailed to support and guide staff practice and reflects the care planned or provided. Records should be regularly reviewed and updated as necessary to maintain consistency of care.

(b) Be able to demonstrate that all staff have a clear understanding of the appropriate management of skin integrity and pressure relieving equipment.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life –

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 1 July 2021.

Action taken since then

Not assessed at this visit.

Previous area for improvement 3

To support safe outcomes for people, the manager should:

- (a) Ensure that personal hygiene records are accurate and reflect the care/support provided.
- (b) Ensure regular on-going monitoring and evaluation of personal hygiene records to be able to show that people's needs are being met and their wishes and choices are respected.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life –

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 1 July 2021.

Action taken since then

Not assessed at this visit.

Previous area for improvement 4

To support safe outcomes for people, the manager should:

- (a) further develop robust systems to be able to demonstrate that the nutritional needs of people who use the service are regularly assessed and met.
- (b) ensure timeous assistance is being provided to people who require support with eating and drinking.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life –

1.19 My care and support meets my needs and is right for me

This area for improvement was made on 1 July 2021.

Action taken since then

Not assessed at this visit.

Previous area for improvement 5

To support safe outcomes for people, the manager should be able to demonstrate that there is always enough staff available to meet the needs of people who use this service.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life –

3.15 My needs are met by the right number of people.

This area for improvement was made on 1 July 2021.

Action taken since then

Not assessed at this visit.

Previous area for improvement 6

To support safe outcomes for people, the manager should further develop robust systems to be able to demonstrate that people's property is respected and valued.

This is to ensure care and support is consistent with the Health and Social Care Standards My support, my life –

4.4 I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

This area for improvement was made on 1 July 2021.

Action taken since then

Not assessed at this visit.

Complaints

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

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