

Storyville House Care Home Service

Beechwood Place
Kirriemuir
DD8 5DZ

Telephone: 01575 574 667

Type of inspection:
Unannounced

Completed on:
29 September 2022

Service provided by:
Thomas Dailey trading as Kennedy
Care Group

Service provider number:
SP2003003646

Service no:
CS2014325648

About the service

Storyville House is registered to provide 24-hour care to up to 28 older people. The service is part of the Kennedy Care Group and registered with the Care Inspectorate in August 2014.

The home is situated on the edge of the Angus town of Kirriemuir and is convenient for local services and public transport. Accommodation is provided from a single-story building. All 28 bedrooms provide en-suite facilities. There is a large lounge off the main entrance to the home and a second lounge at the opposite end of the house.

The aims and objectives for the service were 'We aim to develop the highest quality of care for residents in the safest and most efficient way.'

About the inspection

This was an unannounced inspection that took place over two days from 27 to 28 September 2022.

To prepare for the inspection we reviewed information about this service. This included inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with four people using the service and four of their family or representatives. Comments included:

"I enjoy coming here - it's a friendly place - I'm very happy and everyone is so kind, always helpful."

"Anything I ask for I get - it's a good place to be - I love it here."

"They keep the place spotless."

"It's comfy here."

"Very good, very caring and very attentive."

"Service is excellent, no complaints which says everything."

"Staff are a really good friendly bunch, let you know what's happening and there's a lot of activities."

"Staff are always quick enough at answering buzzers and there's enough staff."

We also:

- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

People using the service, and their representatives are happy with the service.

People were supported and encouraged to maintain contact with loved ones and the service was following guidance 'Open with Care'.

Quality assurance processes and development plans were being progressed but needed more time to fully embed.

Staff demonstrated good infection control measures.

Reviews and care documentation required further work to ensure information was regularly reviewed and evaluated.

The provider could further develop the supervisor role to include formal monitoring and auditing.

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 well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question. There were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes; however, improvements are required to maximise wellbeing and ensure that people consistently experience outcomes which are as positive as possible.

People were listened to, and their choices and decisions respected. They received gentle support from a warm and caring staff team. We saw lots of friendly exchanges between staff and residents and heard people joking and laughing with each other. One person told us "I am glad I am here; staff are good to me, and nothing is too much trouble for them".

People's health needs were being met through well-established links with other organisations. Staff knew people well and were able to recognise and act quickly upon changes to people's presentation. This meant that people received appropriate care from appropriate professionals at an early stage.

Medications were being managed in accordance with the way it had been prescribed. Some improvement is needed in the recording of the effects of 'just in case' medication, to support with decision making when medication is reviewed. We reminded the provider that competency checks for staff who administer medication should be taking place more regularly and noted that this was highlighted in their own audits, but no action had been taken.

During our inspection we saw that people had a variety of opportunities to engage in different activities. We saw that the team offered both group activities and individual support where this was required. People moved freely through the environment and chose where they wished to spend their time. Some people were supported to access the wider community if this was something they wanted to do.

People were able to choose from a variety of healthy food and drinks, treats in the form of home baked goods were also available and there was access to a sweet shop if people wanted. The mealtime experience was pleasant, people were able to eat at their own pace and staff discretely supported those who needed it.

The provider had systems and resources in place for the management of infection prevention and control, however some improvement is needed in the assessment and auditing of some of the processes to ensure that people continue to be protected.

Areas for improvement

1. Where there are issues or concerns highlighted, there should be a clear tracking process in place so assessed care needs can be clearly evaluated, highlighting actions taken. The service should continue to improve care plan auditing and evaluation.

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

‘My care and support meets my needs and is right for me’ (HSCS 1.19) and ‘My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected.’ (HSCS 1.23).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While strengths had a positive impact, key areas need to improve.

The provider had a quality assurance system in place, however this was not being used appropriately to effectively monitor aspects of service delivery. We saw that that evaluations were not being carried out regularly and, where issues were identified, no action had been taken. As a result, some key elements in ensuring people's safety had been overlooked. Improvement is required around people's roles and responsibilities, and there is a need to further develop the skills of senior staff in relation to quality assurance processes. Requirement 1 is made.

People's experiences were being evaluated regularly by staff to ensure that, as far as possible, they were provided with the right care and support. However, this was not always documented well and quality assurance processes were not effective in identifying this, as a result people's experiences fell below the level they should expect.

Observations of staff practice were not being undertaken as frequently as they should. As a result some poor practices were allowed to continue, for example staff not using personal protective equipment appropriately.

Requirements

1. By 18 November 2022, the provider must ensure that the service is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. To do this, you must ensure that:

a) the service's performance is assessed through effective audit and other quality assurance processes

b) staff in leadership roles are trained in quality management, supported in their role, and are allocated sufficient time to implement the service's quality assurance processes

c) action plans are put in place and implemented to support improvement when required

d) the impact of improvement work is subject to ongoing review and assessment to determine the extent to which the improvements have positively impacted on the health, safety, and wellbeing of service users and staff knowledge, skills, and confidence.

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

This is to ensure that care and support is consistent with the Health and Social care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good. Performance demonstrated a number of important strengths which, taken together, clearly outweigh areas of improvement.

Interactions between staff and residents were warm and caring. Residents told us, "everyone is so kind - always helpful", "wonderful here", and "if you ask for help you get it quickly". We saw staff interacting with appropriate humour and banter, which people were seen to enjoy and appreciate. We observed that all staff treated people with dignity and respect.

It is important that staff have access to good information about the care and support needs of people to ensure that care is provided safely and in line with people's needs and wishes.

The senior staff were updating care plans, and further developing the keyworker and team lead systems to ensure all aspects of care giving are accurate and evaluated. The service should continue with this approach.

Most staff had received supervision, however, there was a need to further detail any actions required, such as setting clear goals and detailing specific training requests. (refer to Key Question 2.2)

The service are developing 'champion' roles to support and guide best practice in areas such as promoting continence, best dementia practice and falls monitoring. The staff were clearly motivated and enthusiastic about this approach.

We saw that there were detailed updates shared with staff at shift handover meetings, which did provide key information about people's care and support needs. However, there was a need for consistency across the senior team when recording information. (See Area for Improvement).

People could be confident that new staff had been recruited safely, however, there was a need to ensure that written exercises completed during the recruitment process were included in the recruitment file. (refer to Key Question 2.2)

Staff working in the service are required to be registered with their regulatory body. People could be confident that new staff had been recruited safely reflected in the principles of 'Safer Recruitment, Through Better Recruitment'. New staff had been interviewed, with employment references, protection of vulnerable group checks and registration of professional bodies checks being undertaken.

The provider was able to discuss their plans for service improvement, but the service would benefit from a more detailed plan which includes dates to achieve such improvements and is regularly reviewed.

The management team responded promptly to all our discussions or concerns raised and had either completed or started work to ensure that these areas were actioned during the course of our inspection. We will follow up all these areas at our next inspection.

Areas for improvement

1. To ensure that staff have the right skills and insight, the senior supervisor role should be further developed to include quality assurance auditing and monitoring and a consistency of approach across the supervisor team. Keywork and Team Lead responsibilities would benefit from being detailed, and regularly evaluated.

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 professional and organisational codes' (HSCS 3.15: 'My needs are met by the right number of people.' (HSCS) 3.15)

How good is our setting?

4 - Good

We made an evaluation of good for this key question. There were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes; however, improvements are required to maximise wellbeing and ensure that people consistently experience outcomes which are as positive as possible.

People benefitted from a clean, comfortable, welcoming environment with plenty of fresh air and natural light. People were able to move freely through the building and could choose to sit in a communal lounge or spend time in their bedrooms.

People told us that they were happy with improvements made around the home and one person told us that they had been supported to move room to a more quiet area of the home to support good sleep.

The provider had made improvements in the quality of the environment including decoration, flooring and furniture. The estates team worked hard to ensure that regular maintenance and repairs were carried out quickly to maintain a safe environment.

Some improvement is needed in leadership oversight and response to essential maintenance tasks to ensure that the environment meets health and safety requirements. (see key question 2. Requirement 1)

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question. There were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes; however, improvements are required to maximise wellbeing and ensure that people consistently experience outcomes which are as positive as possible.

Some people's plans contained detailed descriptions of the care and support that was needed to help them keep well and enjoy life. A range of assessments had been completed to inform plans of care, such as falls assessments, skin care assessments and nutritional assessments. This helped to identify where people experienced changes in need or support from health care professionals.

People and their representatives were involved in decisions about their future care and support needs, and necessary supporting legal documentation such as a Power of Attorney or guardianship orders were in place.

Further improvement is needed to ensure that there is a consistency in the standard of people's plans, particularly in ensuring that reviews are carried out regularly and that all staff effectively record information about people's care experiences, including during the evening and throughout the night.

Some improvement is needed in risk assessment and management plans, and the provider must ensure that guidance and best practice is followed where there is a limit to people's freedoms.

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

Requirements

Requirement 1

By 18 May 2022, the provider must ensure that people experiencing care have personal plans that are right for them and set out how all aspects of their care and support needs will be met.

To do this, the provider must at a minimum ensure that:

- care charts for recording essential care such as food and fluid intake, weights and skin bundles are accurately maintained.
- records of other peripatetic professional visits are recorded
- personal plans are updated when people's health or care needs change or following care reviews
- an audit system is in place to monitor the accuracy of plans to make sure people's care is right for them.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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

This requirement was made on 25 March 2022.

Action taken on previous requirement

We evidenced that improvements had been made with general recording and the monitoring of food, fluid and weight charts, which were detailed and evaluated. Professional visits were recorded and most care plans were up to date. Whilst this requirement has been met, we have made an area of improvement following the most recent inspection to ensure care documents are regularly reviewed and evaluated and Quality Assurance systems are further developed.

Met - within timescales

Requirement 2

By 07 April 2022 the provider should ensure that there is a refurbishment plan in place with actions, responsibilities, timescales and completion dates.

To do this the provider must, at a minimum include:

- replacement of worn and damaged carpets
- replacement, and or covers for all radiators
- fixing wardrobes and other large furniture to walls
- re-painting of chipped or damaged walls, doors and surfaces
- re-varnishing or replacement of worn furniture in communal spaces
- replacement or deep cleaning of soft furnishings, especially in communal spaces

- ensure cleaning schedules are in place and following the National Infection Prevention and Control Manual guidance with regard to Cleaning Specification Schedules.

This is to comply with Regulation 10 (2) (b) (fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My environment is safe and secure' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

This requirement was made on 25 March 2022.

Action taken on previous requirement

The service has met most of the requirement and we evidenced environmental improvements, however, there is a need to ensure the quality assurance process is more robust and regularly audited and evaluated. We have reinstated and extended this Requirement to 18 November 2022.

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 ensure good outcomes for people experiencing care, the manager should ensure a range of meaningful activities are available for everyone living in the home. Account should be taken of the abilities and preferences of individuals.

Staff should be fully aware of their role and responsibility in providing opportunities for social and recreational opportunities to people throughout the day and these should be recorded in people's care and support notes.

This area for improvement was made on 22 March 2022.

Action taken since then

During our inspection we saw that people had a variety of opportunities to engage in different activities. We saw that the team offered both group activities and individual support where this was required. People moved freely through the environment and chose where they wished to spend their time. Some people were supported to access the wider community if this was something they wanted to do. The service should continue with this approach.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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