

Northeden House Care Home Service

57 Eden Park
Cupar
KY15 4HT

Telephone: 01334 659 321

Type of inspection:
Unannounced

Completed on:
5 October 2022

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003006835

About the service

Northeden House is a care home for older people situated in a residential area of Cupar, it is close to local transport links, shops and community services. The service provides residential care for up to 40 people.

The service provides accommodation over two floors in single bedrooms. There are five units (one dedicated for respite care) each with a sitting room with dining area and a range of communal toilets, shower and bathrooms. There is access to the garden from the ground floor units.

About the inspection

This was a follow up inspection which took place on 4 October between 930am and 2pm and 5 October between 11.30am and 2pm. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous 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 three people using the service and two of their families
- spoke with four staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Staff were kind and caring when supporting people.
- People we spoke with were satisfied with their care and support.
- Care plans and health assessments had improved.
- There had been limited progress to implementation of quality assurance processes. A requirement made at the last inspection is continued.

How well do we support people's wellbeing?

This was a follow-up inspection to assess progress in making improvements we had asked the provider to make at our inspection of May 2022.

During this inspection we were satisfied that this requirement had been met (See "Outstanding Requirements" for our findings). One area for improvement was made at the last inspection about meaningful days, this was not assessed and is carried forward.

Areas for improvement

1. To support people living in the home to experience meaningful days the service should ensure that there are adequate social and recreational activities available to meet people's needs and interests.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "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" (HSCS 1:25)

How good is our leadership?

This was a follow-up inspection to assess progress in making improvements we had asked the provider to make at our inspection in May 2022.

During this inspection we were not satisfied that this requirement had been met (See "Outstanding Requirements" for our findings). We have restated this requirement with a new timescale of 04 December to allow the provider more time to make this improvement.

Requirements

1. By 16 January 2023 (extended from 26 July 2022), to ensure a culture of responsive and continuous improvement which meets the health, safety and wellbeing needs of supported people, the provider must develop a dynamic service improvement plan which is reflective of self-evaluation and outcomes of quality assurance processes.

These processes must include, at a minimum:

a) planned and regular audits in medication, care planning, staff training, environment

and infection prevention and control

b) feedback from stakeholders and external agencies

c) analysis of records such as incidents, accidents and complaints

d) observations of staff practice and people's experiences of care.

This is in order to comply with regulations 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).

How well is our care and support planned?

Five areas for improvements were made following an upheld complaint investigated in May 2022 - two areas for improvement from this complaint is continued under this key question. Please see 'Outstanding areas for improvement' for details of actions taken for each area for improvement.

Areas for improvement

1. In order to ensure people's needs as agreed in their care plan are fully met and their choices and wishes respected, the service should make significant improvements to the oversight of supplementary records, such as monitoring records.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) 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. In order to ensure people's Personal Plan is right for them and sets out their needs will be met as well as their wishes and choices, the service should:

a) Ensure a fully completed Falls Risk Assessment is undertaken, reviewed and updated when people's needs change.

b) Ensure a Falls Reduction Care Plan is in place which details the measures which should be taken to reduce the risk of falls.

c) Ensure the Falls Risk Assessment and Care Plan are fully reviewed and updated following each fall.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) 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)

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

Requirements

Requirement 1

By 26 July 2022, the provider must ensure that service users' health, safety and wellbeing needs are being accurately assessed, documented, met and are effectively communicated between all relevant staff. This means putting the service user at the centre, identifying what is important to them, and ensuring that everyone is working together to maximise their health, safety, and wellbeing. To do this the provider must, at a minimum:

- a) Assess and record service users' health, safety, and wellbeing needs within their care plan taking account of their choices and preferences.
- b) Ensure that any risk to service users' health, safety or wellbeing are identified, managed, and clearly recorded as part of the care planning process and that they are protected from harm.
- c) Ensure that each service user's health and wellbeing is consistently monitored and evaluated to inform the level of care required. This includes, but is not limited to food and fluid intake, monitoring charts and repositioning records.
- d) Ensure that where health referrals have been made to other professionals that these are followed up timeously.

This is to comply with Regulation 4(1)(a) and (d)(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 "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 19 May 2022.

Action taken on previous requirement

We examined a sample of personal plans and found these to provide adequate guidance to staff about how to support people safely. Health assessments were being carried out and where a risk was identified a care plan was put in place. This helped to ensure staff could offer people the care and support they needed.

Monitoring records were being used to help inform the level of care a person needed. This included repositioning to maintain good skin health. At this time no-one required the use of a food or fluid chart.

People were getting referred to the relevant health professionals for health issues as needed. Whilst people were supported to appointments it was sometimes difficult to track the outcome of these appointments or any treatment. We discussed with the manager the need to ensure information was recorded fully in the correct section of the plan. This is necessary to ensure that peoples health and wellbeing is promoted

The service should continue to develop personal plans to be person centred way incorporating their choices and preferences. This can be taken forward by identifying where improvements are needed following the services quality assurance systems. (See requirement 2).

Met - within timescales

Requirement 2

By 26 July 2022, to ensure a culture of responsive and continuous improvement which meets the health, safety and wellbeing needs of supported people, the provider must develop a dynamic service improvement plan which is reflective of self-evaluation and outcomes of quality assurance processes.

These processes must include, at a minimum:

- a) planned and regular audits in medication, care planning, staff training, environment and infection prevention and control
- b) feedback from stakeholders and external agencies
- c) analysis of records such as incidents, accidents and complaints
- d) observations of staff practice and people's experiences of care.

This is in order to comply with regulations 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 requirement was made on 19 May 2022.

Action taken on previous requirement

The service had not developed a service improvement plan (SIP). The provider had established a development group to improve quality assurance practice across the region. However, this was still in the early stages and had not yet resulted in SIPs being implemented.

The provider had a range of audit processes which if implemented fully would help the service to develop a SIP and identify what was working well in the home and where improvements were needed and to provide structure and direction.

There had been intermittent use of these audit tools and this meant that the leadership team had limited overview of how the service was performing.

This included key areas including medication management, care planning, environmental and infection prevention and control audits.

The temporary manager had taken steps to introduce interim audits of the environment and medication management, however, these steps have just been implemented and are not as in depth as the providers full audit process.

There service had had a second change of temporary manager and a shortage of senior staff, a full senior team was now in place and the manager planned to address monitoring of quality through use of the audit and quality assurance systems.

We have extended the timescale of this requirement to 04 December 2022 to allow the provider more time to make this improvement.

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 people living in the home to experience meaningful days the service should ensure that there are adequate social and recreational activities available to meet people's needs and interests.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "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" (HSCS 1:25).

This area for improvement was made on 19 May 2022.

Action taken since then

This area for improvement was not assessed at this inspection. We will follow this up at the next inspection.

Previous area for improvement 2

In order to ensure people's needs as agreed in their care plan are fully met and their choices and wishes respected, the service should:

- a) Make significant improvements to care planning to ensure people's needs and how these needs should be met are fully reflected in the care plan, particularly where their needs have changed.
- b) Make significant improvements to record keeping in relation to food and fluid intake.
- c) Make significant improvements to the oversight of supplementary records, such as fluid intake records.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) 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

This area for improvement was made on 11 May 2022.

Action taken since then

We examined a sample of care plans. These were found to provide adequate detail for staff to follow when supporting people. Supplementary records including monitoring records were in place. At the time of inspection no food or fluid charts had been assessed as required.

At this time the leadership team did not have a clear oversight of all supplementary records in place. It was agreed that this would be incorporated into the daily handover systems that senior staff accessed as well as carers. This would allow staff and managers to agree people's support requirements timeously.

An amended area for improvement is made and will be followed up at the next inspection.

Previous area for improvement 3

In order to ensure people, experience prompt and timely access to Other Healthcare Professionals, the service should:

- a) Make appropriate reassessment of people's needs where concerns are identified.
- b) Make appropriate and timely referrals to Other Healthcare Professionals when people's needs change.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that "My care and support meets my needs and is right for me". (HSCS 1.19)

This area for improvement was made on 11 May 2022.

Action taken since then

Where people had health concerns we found that timely referrals were made to other health professionals. One person had an infection, they had been referred promptly to their GP and commenced on an antibiotic. Relatives we spoke with were satisfied that any health issues were addressed promptly.

We discussed the importance of ensuring that the outcome of all referrals were clearly recorded.

This area for improvement is met.

Previous area for improvement 4

In order to ensure consistent and effective communication with people's representatives, the service should:

- a) Improve record keeping in order to demonstrate consistent and effective communication.
- b) Ensure the circumstances under which people's representatives wish to be contacted are agreed and recorded on admission to the service.
- c) Ensure changes in people's condition are fully communicated to their representatives.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account." (HSCS 2.12)

This area for improvement was made on 11 May 2022.

Action taken since then

Two visiting relatives told us that the staff team were good at keeping them up to date with their family member's changing health. They told us they felt well informed.

Changes had been made to the daily handover sheet. This helped staff to be up to date with any changes to people's support and to record communications. A specific relatives communication record had been added to care plans. This was in the early stages of implementation.

This area for improvement is met.

Previous area for improvement 5

In order to ensure people's Personal Plan is right for them and sets out their needs will be met as well as their wishes and choices, the service should:

- a) Ensure a fully completed Falls Risk Assessment is undertaken, reviewed and updated when people's needs change.
- b) Ensure a Falls Reduction Care Plan is in place which details the measures which should be taken to reduce the risk of falls.
- c) Ensure the Falls Risk Assessment and Care Plan are fully reviewed and updated following each fall.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) 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)

This area for improvement was made on 11 May 2022.

Action taken since then

Falls risk assessments were in place and up to date. The service used a risk register to identify people at risk of falls and this information is available to staff on the daily handover sheet. There is guidance for staff that they should observe people for 72 hours post fall. However, there was no specific tool to guide staff as to what to specifically observe about the person. This meant that there was no clear and planned monitoring for staff to observe any causes for concern following a fall.

This area for improvement will be followed up at the next inspection.

Previous area for improvement 6

In order to ensure people's future care and support needs are anticipated as part of their assessment, the service should:

- a) Ensure people's needs, choices and wishes in relation to their end of life care are agreed and recorded at an early stage as possible.
- b) Ensure each person has an End of Life Care Plan which fully details their needs, choices and wishes.
- c) Ensure the views of people's representatives are sought and taken into account when planning their end of life care.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14)

This area for improvement was made on 11 May 2022.

Action taken since then

The sample of care plans examined showed that end of life plans were in place or in the process of being completed. Where these were in place these had taken account the person's views and where appropriate that of their relatives.

This area for improvement has been met.

Complaints

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

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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.