

Storyville House Care Home Service

Beechwood Place
Kirriemuir
DD8 5DZ

Telephone: 01575 574 667

Type of inspection:
Unannounced

Completed on:
21 November 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 follow-up inspection which took place on 21 November 2022 from 09:00am to 12:30pm.

The inspection was carried out by 2 inspectors 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 people using the service, spoke with staff and management, observed practice and daily life and reviewed documents.

Key messages

Senior staff were accessing and undertaking additional training to be more confident in their role.

Quality Assurance processes were progressing

Care plan documentation and recording had improved

The environment was clean and tidy.

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 leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

One requirement was made at the previous follow-up inspection, this has been met.

We found that improvements had been made to enhance the quality assurance processes and support ongoing service improvement. Systems had been implemented and some of the supervisors were involved in the audit processes. This helped to promote a whole team approach to improvement. However, we felt that some of the processes were not fully embedded and required further time and development to help support a culture of continuous improvement (we have made an area for improvement).

Areas for improvement

1. To support a culture of continuous improvement, the provider should ensure that quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.

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).

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

Requirements

Requirement 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 requirement was made on 27 September 2022.

Action taken on previous requirement

The provider had invested in making improvements to support more effective quality assurance systems in order to monitor and evaluate service delivery.

We saw improvement in the on-going observations of staff practice, and actions taken where this was required. Supervision and staff meeting records also highlighted support and actions.

The manager had an improvement plan which was updated regularly. Although this was helpful the manager was keen to further develop this specifically to support the supervisor team.

Staff and management had accessed training and awareness sessions on Adult Support and Protection, and supervisor staff were being supported to develop their role attending management and leadership training through the supervisors' leadership pathway sessions.

Supervisor staff said the training was helping them become more confident in their role.

We saw that supervisors were also undertaking some quality assurance audits, including 'walk around' monitoring, Medication audits and care plans audits, which ensured systems were evaluated.

Improvements had been made in record keeping, auditing and evaluation, which highlighted issues which were then addressed.

There were regular auditing systems in place which created opportunities for care to be reviewed and care needs to be updated and evaluated by the team, with an overview by the senior and management team. This ensured accurate and appropriate care was being monitored and delivered. This helped ensure that staff or agency workers were familiar with people's specific needs and how to support them.

Handover logs were more detailed and were helpful for directing care, and where necessary contacting other agencies or services such a GP or community nurses for advice.

Met - within timescales

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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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