

Chapel Level Nursing Home Care Home Service

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Kirkcaldy
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Telephone: 01592 644 443

Type of inspection:
Unannounced

Completed on:
13 October 2023

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300682

About the service

Chapel Level is a care home which provides care and accommodation for up to 60 older people. The provider is HC-One Limited.

The home is in Kirkcaldy, Fife. Accommodation is across three units Heather, Thistle and Star. Accommodation is all ground floor, around a fully enclosed courtyard garden, with individual units having access to further garden areas directly from sitting rooms.

HC-One's mission is 'to be the first-choice care home for residents and colleagues in each of the communities we serve. We hope to achieve this mission through providing the kindest possible care to residents'.

About the inspection

This was an unannounced inspection which took place across three days between 7 and 10 October 2023. The inspection was carried out by two 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 six people using the service and four families
- spoke with seventeen staff and management
- observed practice and daily life
- reviewed documentation.

Key messages

- Staffing levels on night shift were unsatisfactory and put people at significant risk of harm.
- People were not always treated with dignity and respect.
- The service were not making appropriate notifications to the Care Inspectorate or local authority when concerns about people's wellbeing and safety occurred.
- Some staff were supporting people unsafely when assisting them to move or mobilise.
- There was a shortage of wipes and continence aids that was resolved when the Care Inspectorate intervened.
- People to be weighed weekly were at risk of undernutrition because the service was not monitoring the weight at the identified frequency.

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

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| How well do we support people's wellbeing? | 1 - Unsatisfactory |
| How good is our leadership? | 2 - Weak |
| How good is our staff team? | 2 - Weak |

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

How well do we support people's wellbeing?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question. This evaluation is applied when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people.

1.1 People experience compassion, dignity and respect

People were treated kindly by some staff, and some people told us that they knew the staff who supported them well. We observed some compassionate interactions and people's needs being responded to. However, this was not always consistent, and people did not always receive the right care at the right time. (See also Key Question 3)

People's dignity was not always being promoted. Some staff referred to people they were caring for by their room number rather than by their names. We also found people's walking aids had been moved out of their reach when they were sitting down. This not only puts people at risk of falls, but also potentially restricts their freedom and choice to move around the home.

We received feedback that staff were taking lengthy periods of time to answer buzzers resulting in someone being unnecessarily incontinent. A relative told us if they had not been in visiting, his wife would not have got her lunch as the staff had forgotten about her.

One person removed their lower clothing in the sitting room on two occasions and there was no staff around to support them to redress to maintain their dignity.

A lack of dignity and respect in care services has the potential to be dehumanising and can negatively affect people's sense of self-worth, mental wellbeing and ultimately outcomes.

Given that some of our observations of direct care and interactions between staff and people in Chapel Level were generally positive, we felt it was unlikely that staff were aware of the potential harmful impact of these actions. However, there was a risk that this becomes accepted practice within the care home which could lead to a culture of disrespect.

1.3 People's health and wellbeing benefits from their care and support

People should expect to be supported with eating and drinking in a dignified way and have their personal preferences and needs met safely. Mealtime in one unit was not conducive to promoting a pleasant atmosphere to enjoy and focus on eating. The room was crowded, with music playing loudly, staff were not promoting a pleasant experience and there was little social interaction. Some people requiring full assistance were given their meal with very little interaction from staff. Staff were disorganised and this caused delays for some people.

We were concerned where one person was identified at high risk of choking that the speech and language therapist support advice had not been adopted by the service. The person was left to eat alone when this was not safe and put the person at risk of harm.

Where people were on fluid charts these were overall completed accurately and were monitored appropriately, however, one person's charts appeared to be incorrect, and we asked for this to be reviewed.

Wound care plans were in place for people who had identified wounds. Overall, wounds were being managed satisfactorily. However, some of the documentation had not been signed or dated by the person completing it and one person did not have an 'initial wound assessment form' in place making it difficult to ascertain when the wound occurred. The management team addressed this when highlighted.

People were not always being supported safely when needing assistance to mobilise. One person was assisted to stand from sitting using an unsafe handling method.

A person was using a wheelchair that staff could not confirm belonged to them. They were at high risk of falls and moving themselves unsafely in the chair for over two hours.

Another person at high risk of falls walked across the lounge and fell. No staff were present to intervene and support the person safely.

These people were at risk of significant harm. Staff informed us that there was supposed to be a staff member present in the lounge but due to low staffing levels this could not be maintained. (See also Key Question 3)

People should have access to meaningful activities that are tailored to their needs, interests and wishes. Although we found the home offered some opportunities to be active and engaged, these were limited. This area has been impacted by staffing levels. (See area for improvement one)

1.5 People's health and wellbeing benefits from safe infection prevention and control practices and procedures

Overall, we found the home was generally clean and tidy. Staff had good awareness of the requirement for enhanced cleaning. However, in one communal bathroom, the legs on the shower chair were rusty. Also, staff were not always disposing of their PPE in the appropriate containers. We found several clinical waste bins with no lining. This was not satisfactory and could cause risks to staff, people living in the home and visitors. We found several personal toiletries and continence garments left behind in communal bathrooms. These should always be returned to people's bedrooms. A requirement is made.

As a result of these findings we issued an Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010 on 17 October 2023. We also issued a serious concern letter to the provider on 7 October 2023 in relation to staffing levels in the service. Insufficient staffing levels was having a significant impact on the wellbeing of the people experiencing care.

Requirements

1. By 27 November 2023, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

- a) ensure that the internal premises, furnishings and equipment are safe and clean
- b) ensure that safe infection control practices are adhered to by all staff at all times. This includes the safe disposal of PPE

c) ensure all personal belongings are returned to people's bedrooms after use

d) ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in place to ensure that the environment is consistently safe and clean.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24)

Areas for improvement

1. To ensure people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and purposeful for them.

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

2 - Weak

People should expect that quality assurance and improvement is led well and supports the delivery of care that benefits their health and wellbeing. The overall findings within the wider scope of this inspection have informed the evaluation of this quality indicator. An evaluation of weak has been applied where strengths can be identified but these are outweighed or compromised by significant weaknesses.

The service failed to report all notifiable events to the Care Inspectorate and the lead agency responsible for the protection of people. This meant that people were placed at risk of harm.

Poor moving and handling practices went unidentified or addressed by the leadership team. The service was not monitoring some people's health needs fully or supporting them as identified in their care plans and people were at risk of significant harm.

The provider had a range of quality assurance and improvement processes available, however, these were largely ineffective. They did not identify poor care taking place, poor infection, prevention and control practices, health assessments not being up to date, and did not ensure safe staffing levels. As a result this did not ensure improvements or good outcomes for people. The quality assurance systems must include an increased focus on recognising people's care experiences.

The service's improvement plan must be updated to reflect the findings of this inspection as well as their own findings through using the quality assurance tools well.

Consideration should be given to how the improvement plan is shared and to encourage more people to be involved in improvement.

Two families commented that the leadership team were unapproachable and did not have confidence that issues would be addressed satisfactorily.

Staff expressed reluctance to raise issues or concerns with the leadership team. This was because they felt they would not be listened to if they tried to discuss issues. Some senior staff reported that there was a lack of response when asking for support to address practice issues with carers.

The inspection highlighted critical weaknesses in aspects of the service which significantly affected the care that people received. The provider must take urgent action to improve the quality of care provided in order to ensure that people are protected and that their wellbeing improves without delay.

As a result of these findings we issued an Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010 on 17 October 2023.

How good is our staff team?

2 - Weak

We were concerned about staffing arrangements and the skills and knowledge of staff when assessing this key question. An evaluation of weak was awarded, this applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences.

3.2 Staff have the right knowledge, competence and development to care for and support people

We spent time observing staff at work and supporting people. Whilst several staff demonstrated safe and supportive practice this was not consistent. We were concerned that the training for some staff was not adequate to give them the skills and knowledge to support people well.

This was because we observed some poor infection prevention and control practices, safe moving and handling was not always practiced and staff did not consistently treat people with dignity and respect.

3.3 Staffing arrangements are right and staff work well together

People should expect that the skill mix, numbers and deployment of staff meets the needs of people. Overall, we evaluated this key question as weak. We were able to identify some important strengths, however these were outweighed by weaknesses which had the potential to impact or had impacted negatively on people's experiences and outcomes.

During our visit, care staff had very little time throughout the evening or day to spend with people in communal areas and those within their own rooms to ensure they were getting adequate stimulation and support. There were lengthy time periods when there were no staff available to support people in lounge areas leaving them potentially at risk of falls or choking (See also Key Question 1).

We saw and heard from people experiencing care, their relatives and staff that there were times where staffing levels were minimal and sometimes insufficient to fully meet the needs of people living in the service.

These staffing levels had a detrimental impact on people's experiences. This included not being supported appropriately to eat and drink, not having regular access to meaningful activities, not being kept

comfortable and having continence needs being met effectively and care plans containing inconsistent information. All these concerns put people at risk of harm.

Because of the concerns highlighted above we issued a serious concerns letter setting out improvements the provider and manager had to make in relation to staffing levels, giving them 70 hours to address this.

We carried out a follow up visit on 10 October to assess progress on the requirement from the serious concern letter issued on 07 October 2023.

Requirement

By 20:00 hours on 10 October 2023 the provider must have developed and implemented a plan of how they ensure adequate staff are on duty to care and support residents in a person-centred and responsive manner. In particular you must ensure that:

- a) A dependency rating tool is devised and implemented to inform ongoing staffing levels within the service to ensure that they respond to the changing care and support needs of the people living in the service b) There are sufficient staff on every shift to ensure that people's basic health, safety and wellbeing needs are met
- c) Staff are deployed appropriately to ensure that service users receive assistance with their care needs at the time they need it.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My needs are met by the right number of people' (HSCS 3.15) and '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) and in order to comply with Regulation 4(1)(a) Regulation 4(2), and Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Action Taken

Staffing levels had been increased in the evening and overnight by one twilight (7-11pm) and one full nightshift. We observed people to be supported safely and for call bells to be answered more quickly.

This requirement has been met.

As a result of these issues we issued an Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010 on 17 October 2023.

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 to get the most out of life, the provider should review people's outcomes and weekly activities so that they are able to keep and develop important relationships and have a range of activities they enjoy. This will support their motivation, wellbeing, interests and abilities. This should also include good record keeping to help monitor the effectiveness of engagement activities.

This is in order to ensure that 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) and 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.' (HSCS 2.18)

This area for improvement was made on 25 May 2023.

Action taken since then

There were no activities taking place during the inspection visit. People were mostly unoccupied unless meeting with relatives. Some people we met may have benefitted from having support to be involved in activity. This may have helped them be less stressed or distressed.

The service have employed a new wellbeing co-ordinator. We would expect to see care staff having adequate time and direction to support people socially.

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

Complaints

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

Detailed evaluations

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| How well do we support people's wellbeing? | 1 - Unsatisfactory |
| 1.1 People experience compassion, dignity and respect | 1 - Unsatisfactory |
| 1.3 People's health and wellbeing benefits from their care and support | 2 - Weak |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 3 - Adequate |
| How good is our leadership? | 2 - Weak |
| 2.2 Quality assurance and improvement is led well | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 2 - Weak |
| 3.3 Staffing arrangements are right and staff work well together | 2 - Weak |

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