

Preston House Care Home Service

Alburne Park
Glenrothes
KY7 5RB

Telephone: 01592 612418

Type of inspection:

Unannounced

Completed on:

21 January 2019

Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Service no:

CS2009228249

About the service we inspected

Preston House is a purpose-built care home for older people set in Glenrothes, Fife. The home was registered with the Care Inspectorate on 20 October 2009 to provide 24 hour care and support for up to 64 older people within 60 rooms. The home is on four levels with an underground car park and bedrooms are accommodated on three floors. There is an enclosed garden. The service is owned and managed by Kingdom Homes Limited.

The provider ethos is that:

"Quality of life should never be a thing of the past".

There were 57 people using the service at the time of our visit.

How we inspected the service

This report is written following an unannounced inspection visit on Monday 14 January 2019. We had support from our inspection volunteer scheme* the following day. Our inspection was completed on 16 January 2019 with feedback provided on 21 January 2019 at the provider's head office with a representative from Fife Council in attendance.

Our inspection focus was to follow up on outstanding requirements and areas for improvement identified through inspection and from complaint investigation. Evidence was gathered from our observations, examination of records and discussions with residents, visitors, staff and management.

* An inspection volunteer is a member of the public who volunteers to work alongside the Care Inspectorate inspectors during the inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The inspection volunteer's role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

Taking the views of people using the service into account

During our inspection we spoke with 14 people using the service. Feedback from people using the service and their visitors, was mixed.

Comments included:

- "breakfast is a shambles"
- "staff are all very good"
- "this is a nice place, staff are all very good and helpful"

- "we should be asked what we think, given time to say what it's like, someone should listen because we can still tell them what could be better"
- "I often have to wait for anyone to help, I think I am a nuisance".

We observed five residents over a lunchtime using SOFI 2*. It was reassuring to see staff were very kind and respectful when providing direct assistance and supervision. It was a very organised activity with staff very clear on the task at hand. We gave direct feedback in regard to improvements that could be considered and in terms of reducing the risk of a task orientated approach and reinforcing Preston House as a home.

*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who are unable to tell us their views.

Taking carers' views into account

During our inspection we spoke with eight visiting relatives. Feedback was mixed: where the main area for improvements identified was in regard to the lack of sustainability in any improvements; made in reaction to their requests or concerns raised. Examples given included: standards in basic care and meaningful activity. It was evident staff were held in high regard but the feeling was, not all staff deliver the standard of care expected and there was a lack of effective management.

The relatives with family accessing the assessment bed service* provided on a bed availability basis, gave a very positive account of their experience of the care and support provided, with staff praised for their caring and professional approach.

*The purpose of assessment beds is where someone is at the stage of needing long-term care but the care assessment has yet to be finalised, or more time is allowed for decisions on final care home choice to be made. Most placements are from hospital but can be from a person's own home too.

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

Previous requirements

Requirement 1

Medication must be managed in a manner that protects the health and wellbeing of service users.

In order to achieve this, the provider must:

- ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine.
- develop and implement a procedure to communicate verbal orders when there is a change to a prescription.
- ensure that all handwritten entries are signed by two members of staff and reference is made to the prescriber.
- ensure that staff have the skills and knowledge to ensure safe and effective medication administration in accordance with protocols.

This is in order to comply with SSI 2011/28 Regulation 4 - requirement for records all services must keep, and SCSWIS (Requirements for Care Services) Regulations SSI 2011/201 Regulation 4(1)(a) - requirement for the health and welfare of service users.

This requirement was made on 30 May 2018.

Action taken on previous requirement

As recorded within our last inspection report, we recognise the provider's ongoing commitment to ensure staff are trained and supported to administer medication, safely. We were further encouraged by our own audit identifying no missed signatures. However, incidents around the management and administration of medication were identified during our audit at this inspection. We concluded that people remain at risk of not receiving their medication as per the instructions of the person authorised to prescribe.

We will carry forward this requirement and extend:

Timescale for completion as 27 May 2019.

Not met

Requirement 2

The provider had, through their own audit systems, identified missing signatures as a persistent issue. Medication must be managed in a way that protects the health and wellbeing of service users. In order to achieve this, the provider must demonstrate that staff follow policy and best practice in regard to medication administration records.

This is in order to comply with SCSWIS (Requirements for Care Services) Regulations, Scottish Statutory Instruments SSI/210 Regulation 4(1)(a) - requirement for health and welfare of service users and regulation 15(b)(l) - requirement about training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective" (HSCS 2.24) and "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" (HSCS 3.14) and "I experience high quality care and support based on relevant evidence guidance and best practice" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This requirement was made on 20 February 2018.

Action taken on previous requirement

At this inspection, we were reassured by the results of our audit of five medication records, where we found no missing signatures and concluded that an improvement had been sustained in regard to the specific risks associated with missed signatures. We also acknowledge a record keeping element to our requirement (4) which will ensure we review the service performance as part of ongoing scrutiny.

Met - outwith timescales

Requirement 3

In order to ensure that the individual needs and preferences of people using the service are met in a person centred way, the provider must ensure that the personal plans detail the assisted needs of service users in relation to care and support. This must include, for example, records and evaluation of weight management, hydration and night time routine.

The provider must ensure that staff are also aware of the care and support needs of the people using the service and are able to completely provide information about these needs to colleagues at staff handover.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 1.51 which states: "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" and HSCS 1.19 which states "My care and support meets my needs and is right for me".

It is also necessary to comply with Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 31 October 2018.

Action taken on previous requirement

At our improvement support visit on 25 October 2018 we discovered the service had not received our correspondence. Documentation was re-sent on 31 October 2018. No action plan has been returned. This was discussed with the manager at this inspection and we agreed to consider the service performance without the benefit of an action plan.

At this inspection we concluded that care plans did not reflect responsive care and support. There was slippage in terms of the review process and records continue to vary in terms of completion and the accuracy of information held. We could not be confident care plans could clearly guide practice or support communication between staff, in all cases. Although we could see that some care plans were being marked as 'evaluated' this was often not meaningful, as changes in care were not always recorded as part of this process.

We recognise the provider's commitment to improving the standard of record keeping through a process of audit and identification of remedial work needed. Our findings led us to lack confidence in the necessary action could be taken.

With this in mind we will carry forward this requirement and extend:

Timescale for completion as 27 May 2019.

Not met

Requirement 4

In order to ensure the health, welfare and safety for people experiencing care, the provider must ensure that staff follow best practice guidance and their service policy in relation to the administration of medication and record keeping.

This must include:

- a) Complete records of medicines held within the care home should be kept. Records should be able to be audited. The 'Medication Administration Record' (MAR) chart should be used to record all medicines coming into the home and also medicines left over from previous month which are still prescribed and in date.
- b) Ensure medicines are administered as instructed by the prescriber.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 3.14 which states: "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 and HSCS 4.11 which states: "I experience high quality care and support based on relevant evidence, guidance and best practice".

It is also necessary to comply with Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: To be fully implemented by 24 September 2018.

This requirement was made on 31 October 2018.

Action taken on previous requirement

At our improvement support visit on 25 October 2018, we discovered the service had not received our correspondence. Documentation was re-sent on 31 October 2018. No action plan has been returned. This was discussed with the manager at this inspection and we agreed to consider the service performance without the benefit of an action plan.

As recorded under requirement (1) we recognise the provider's ongoing commitment to ensure staff are trained and supported to administer medication, safely. We were further encouraged by our own audit identifying no missed signatures. However, incidents around the management and administration of medication were identified. We concluded that people remain at risk of not receiving their medication as per the instructions of the person authorised to prescribe.

We identified slippage in the provider's audit systems and could not be confident that the manager had effective oversight of the home's performance in terms of the management and administration of medication at this inspection.

We will carry forward this requirement and extend:

Timescale for completion as 27 May 2019.

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

In order we can be confident that records reflect a high standard of care and support that is right for the individual, the provider should improve the way they are completed and maintained to evidence:

- effective assessment of need
- delivery of planned care and
- evaluation of outcomes of care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) and "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "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) and "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 are respected" (HSCS 1.23).

This area for improvement was made on 28 June 2018.

Action taken since then

We received an action plan in December 2018 which identified ongoing efforts to support staff training and a person-centred planning. Our requirement (3) applies and this area for improvement will continue to be recorded and examined at our next inspection in order to allow more time to demonstrate effective and sustainable improvement.

Previous area for improvement 2

In order we can be confident that people experience high quality care and support the provider should review the way nursing care is provided and how effective their service user dependency measurement is in supporting people with increasing cognitive impairment and frailty.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6) and "If I experience care and support in a group, the overall size and composition of that group is right for me" (HSCS 1.8) and "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) and "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "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 are respected" (HSCS 1.23) and "My needs are met by the right number of people" (HSCS 3.15) and "People have time to support and care for me and speak with me" (HSCS 3.16) and "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17) and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This area for improvement was made on 28 June 2018.

Action taken since then

We received an action plan in December 2018 which described ongoing recruitment and the development of systems in place to support effective communication. At this inspection we concluded nursing provision continues to rely heavily on agency staff. We recognise efforts to ensure continuity within the agency nursing staff personnel deployed but the risks to the quality of care and support experienced by people using the service remain.

Areas for improvement include; demonstrating an effective nursing process, management and administration of medication and staff development. Our requirement (3) applies and this area for improvement will continue to be recorded and examined at our next inspection in order to allow more time to demonstrate effective and sustainable improvement.

Previous area for improvement 3

In order we can be confident meaningful activity has a sustainable positive impact on the wellbeing of people living in Preston House, the provider should review the way activities are facilitated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6) 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 "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing" (HSCS 2.18) and "I am encouraged and supported to make and keep friendships, including with people my own age" (HSCS 2.19) and "I take part in daily routines, such as setting up activities and mealtimes, if this is what I want" (HSCS 2.21) and "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22) and "I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life" (HSCS 2.24) and "People have time to support and care for me and to speak with me" (HSCS 3.16).

This area for improvement was made on 28 June 2018.

Action taken since then

We received an action plan in December 2018 which reported a review in the way activities are facilitated was planned. Pre-admission, lifestyle choices and preferred activities were to be noted and personal plans were to reflect involvement and review. activities would continue to be supported by the in-house lifestyle coordinator. At this inspection we identified activity as an 'add on' rather than meaningful activity involving all staff and central to care and support. We acknowledge the provider has identified the provision of activities as an area for development with a centralised, coordinated approach to supporting lifestyle coordinators in all of the homes.

In order to allow more time to demonstrate effective and sustainable improvement we will carry forward this area for improvement.

Previous area for improvement 4

In order for everyone experiencing the service at Preston House to enjoy good quality care and support, the provider should demonstrate staff have the knowledge and skills needed. This will involve delivering a planned training programme and should include the care and support for people living with dementia.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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" (HSCS 3.14) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 28 June 2018.

Action taken since then

We received an action plan in December 2018 which outlined changes in the way staff training was to be supported. This area for improvement will continue to be recorded and examined at our next inspection in order to allow more time this new approach and demonstrate the impact of training delivered, on staff performance and outcomes for people using the service.

Previous area for improvement 5

For people to remain confident in the quality of service they and their loved ones receive, the provider could develop the home's improvement plan to ensure that everyone involved can improve the quality of care experienced in a planned and structured way.

The improvement plan could include details of:

- what areas need to be improved
- what the desired outcomes will be for residents
- how the improvements will be made
- when the improvements will be implemented
- who will be responsible for making improvements and
- how will improvements be measured.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am recognised as an expert in my own experiences, needs and wishes" (HSCS 1.9) and "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" (HSCS 2.11) and "I can be meaningfully involved in how organisations that support and care for me work and develop" (HSCS 4.6) and "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 28 June 2018.

Action taken since then

We received an action plan in December 2018 and await the provider's improvement plan for Preston House. At this inspection we identified slippage in the provider's quality assurance systems and measure of quality control. As a result we could not be confident in standards of care and support being maintained or improved.

In order to allow more time to demonstrate effective and sustainable improvement, this area for improvement will continue to be recorded and examined at our next inspection.

Previous area for improvement 6

In recognition of the changing needs of people living in Preston House and the opportunity the introduction of the new Health and Social Care standards offers, the provider should review their aims and objectives, service user information and policy and procedure to:

- take into account the new Health and Social Care Standards
- support self evaluation and improvement planning
- provide more detail about the day-to-day service at Preston House
- inform resources, staff training, roles and responsibilities
- ensure information accurately reflects service provision.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I receive and understand information and advice in a format or language that is right for me" (HSCS 2.9) and "I have agreed clear expectations with people about how we behave towards each other, and these are respected" (HSCS 3.3) and "My human rights are central to the organisations that support and care for me" (HSCS 4.1) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "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) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27) and "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" (HSCS 5.21).

This area for improvement was made on 28 June 2018.

Action taken since then

We received an action plan in December 2018 that described assessment and care planning as key to ensuring the provision of care and support can meet the needs of people who use the service. The provider continues to review the policy and procedures in place to guide and support staff.

At this inspection we considered this area for improvement could be removed as a result of ongoing service development and areas for improvement will continue to be examined as part of our inspection process.

Previous area for improvement 7

The provider should ensure that people experiencing care are supported and included, helping them to maintain their interests and what matters to them. This is to ensure care and support is consistent with the Health and Social Care Standards which state: "People have time to support and care for me and to speak with me" (HSCS 3.16)

This area for improvement was made on 31 October 2018.

Action taken since then

At our improvement support visit on 25 October 2018, we discovered the service had not received our correspondence. Documentation was resent on 31 October 2018. No action plan has been returned. This was discussed with the manager at this inspection and we agreed to consider the service performance without the benefit of an action plan. As recorded under area for improvement (3) Pre-admission, lifestyle choices and preferred activities were to be noted and personal plans were to reflect involvement and review. activities would continue to be supported by the in-house lifestyle coordinator.

At this inspection we identified activity as an "add on" rather than meaningful activity involving all staff and central to care and support. We acknowledge the provider has identified the provision of activities as an area for development with a centralised, coordinated approach to supporting lifestyle coordinators in all of the homes.

In order to allow more time to demonstrate effective and sustainable improvement we will carry forward this area for improvement.

Previous area for improvement 8

The provider should ensure that people experiencing care should receive sensitive/responsive care and support and be confident that staff are following organisational procedures. This is to ensure care and support is consistent with the Health and Social Care Standards which state "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14)

This area for improvement was made on 31 October 2018.

Action taken since then

At our improvement support visit on 25 October 2018, we discovered the service had not received our correspondence. Documentation was resent on 31 October 2018. No action plan has been returned. This was discussed with the manager at this inspection and we agreed to consider the service performance without the benefit of an action plan.

From observed practice, we could be confident in staff providing sensitive care and support in a respectful and friendly manner. Care records did not reflect responsive care and support but this element is carried forward within area for improvement (1) and requirement (3).

With this in mind we will not carry forward this area for improvement.

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