

Alexander House Care Home Service

Main Street
Crossgates
Cowdenbeath
KY4 8DF

Telephone: 01383 518 080

Type of inspection:
Unannounced

Completed on:
22 March 2023

Service provided by:
Kingdom Homes Ltd

Service provider number:
SP2003001615

Service no:
CS2007165398

About the service

Alexander House is a care home for older people situated in the residential area of Crossgates, Fife, close to local transport links, shops and community services. The service provides nursing and social care for up to 44 people. The home has a pleasant garden area and accommodation is provided over three floors. All rooms have ensuite toilets and shower facilities and four rooms can accommodate couples. Each floor has an open plan lounge/dining room and a passenger lift.

We carried out an initial full inspection in May 2022 and concluded that people were experiencing significantly poor outcomes as a result of using the service. The inspection highlighted critical weaknesses in relation to staff training and care planning. Two requirements were made as a result of the inspection.

We carried out a follow up inspection on 28 July 2022 and the requirements remained unmet due to unforeseen circumstances caused by the Covid-19 pandemic. We extended the timescale of the requirements to give the provider an opportunity to make the necessary improvements.

We carried out a further follow up inspection which took place between 08 November 2022 and 07 December 2022. We noted further improvements were required to ensure people's health, safety, and wellbeing needs were met consistently. The provider informed us of the imminent change in management structure, and that an improvement plan was in place. They gave their assurance that the improvement plan would be adhered to and the necessary improvements would be made.

We agreed to extend the timescales to meet the required improvements to 20 March 2023.

About the inspection

This was an unannounced inspection which took place on 22 March 2023. It was a follow up inspection focussing on the three outstanding requirements and two outstanding areas for improvement. 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 six people using the service and three of their relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Good progress had been made to make the necessary improvements to meet the outstanding requirements; we have extended the timescales to enable this.
- There was a calmer, happier atmosphere in the home.
- The home was clean, tidy and fresh.
- People told us they were happy with the improvements made, and with the assurances from management that improvements will be ongoing.

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? | 2 - Weak |
| How good is our staff team? | 3 - Adequate |
| How well is our care and support planned? | 2 - Weak |

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

How good is our leadership?

2 - Weak

A requirement was made at the previous inspection regarding leadership and management. The service had made good progress in managing the improvements needed to meet all three outstanding requirements and required more time to build on these, ensure they are embedded in daily practice, and sustained (see 'what the service has done to meet any requirements we made at or since the last inspection').

We have restated this requirement with a new timescale of 12 June 2023 (see requirement 1).

Requirements

1. By 20 March 2023, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing needs of people receiving care are met, and they experience positive outcomes.

To do this the provider must, at a minimum:

- a) ensure appropriate and effective leadership of the service
- b) implement accurate and up-to-date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay
- c) ensure that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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 state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

An extension to this timescale has been agreed to 12 June 2023.

How good is our staff team?

3 - Adequate

A requirement was made at the previous inspection regarding staff training and development. The service had made some progress in managing the improvements needed and required more time to build on these, ensure they are embedded in daily practice, and sustained (see 'what the service has done to meet any requirements we made at or since the last inspection').

We have restated this requirement with a new timescale of 12 June 2023 (see requirement 1).

Requirements

1. By 08 September 2022, you must ensure that service users experience a service with well trained staff. In particular, you must ensure that staff receive training in relation to: nutritional care, falls management, care planning including assessment and evaluation and other relevant training, where it is appropriate to the role performed by the staff member to meet the assessed care and support needs of service users. This must include, but is not limited to: regular monitoring to demonstrate how the training received is being implemented in practice, taking into account current best practice guidance.

This is in order to comply with Regulation 15(b)(i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to remain 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 their professional and organisational codes.' (HSCS 3.14).

An extension to this timescale has been agreed to 12 June 2023.

How well is our care and support planned?

2 - Weak

A requirement was made at the previous inspection regarding care planning. The service had made some progress in managing the improvements needed and required more time to build on these, ensure they are embedded in daily practice, and sustained (see 'what the service has done to meet any requirements we made at or since the last inspection').

We have restated this requirement with a new timescale of 12 June 2023 (see requirement 1).

Requirements

1. By 08 September 2022, the provider must make proper provision for people's health, welfare and safety.

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

a) ensure people's health, wellbeing and safety needs are assessed on admission, when needs change and on a regular basis thereafter, in line with the provider's policy

b) ensure that where risks are identified, a care plan is developed and implemented

c) ensure that the care plan is regularly evaluated for effectiveness and updated when needs or interventions change

d) ensure health, wellbeing and safety assessment, risk assessment and care planning, is carried out by staff with the right skills, knowledge and competence

e) ensure there is a clear system of responsibility and accountability for assessment, risk assessment and care planning.

This is in order to comply with:

Regulation 4(1)(a) 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 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).

An extension to this timescale has been agreed to 12 June 2023.

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

Requirements

Requirement 1

By 20 March 2023, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing needs of people receiving care are met, and they experience positive outcomes.

To do this the provider must, at a minimum:

- a) ensure appropriate and effective leadership of the service
- b) implement accurate and up-to-date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay
- c) ensure that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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 state that:

'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 22 December 2022.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because quality assurance and improvement should be led well to ensure positive outcomes for people receiving a care service. The provider did not make the necessary improvements to meet the two requirements which had been outstanding since May 2022.

During this inspection we saw the newly appointed manager had made many improvements regarding quality assurance. New audit systems had been implemented for things such as staff training and development, medication, falls, nutrition, accidents and incidents and care plan reviews. This enabled the manager to have an overview of what was working well and what could be better. Consultation had commenced with residents and relatives to gain their views on service delivery and suggest areas for improvement. Regular resident, relative and staff meetings were being established to encourage people to 'have a voice' and enhance communication. People living in the service, and visitors, told us they were pleased with the management's commitment to improve standards and were happy with the differences noted in the recent weeks.

Communication had also increased for staff through group and one-to-one supervisions, and daily 'flash' meetings. We were confident the new manager will make the required improvements to meet this requirement. They had only been in post for ten weeks and these quality assurance systems were relatively new to the service. The other two outstanding requirements (requirements 2 and 3 below) relating to staff training and care planning also needed further improvement work to be fully met. Therefore, we have extended the timescale to give opportunity to build on progress made, embed this in practice and sustain improvements.

This requirement has been reinstated. An extension to this timescale has been agreed to 12 June 2023. (See requirement 1 under 'How good is our leadership?').

Not met

Requirement 2

By 08 September 2022, you must ensure that service users experience a service with well trained staff. In particular, you must ensure that staff receive training in relation to: nutritional care, falls management, care planning including assessment and evaluation and other relevant training, where it is appropriate to the role performed by the staff member to meet the assessed care and support needs of service users. This must include, but is not limited to: regular monitoring to demonstrate how the training received is being implemented in practice, taking into account current best practice guidance.

This is in order to comply with Regulation 15(b)(i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to remain 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 their professional and organisational codes.' (HSCS 3.14).

An extension to this timescale has been agreed to 20 March 2023.

This requirement was made on 12 May 2022.

Action taken on previous requirement

This requirement was made as a result of a previous inspection carried out on 12 May 2022. It was made because it was evident from our findings that staff required enhanced training to equip them with the knowledge they needed to best meet people's needs. No competency evaluations of staff knowledge and understanding of training undertaken or their training needs had been carried out.

During this inspection we saw a variety of training had been undertaken including managing stress and distress, nutrition, first aid, dignity, medication, moving and handling and falls prevention (further falls prevention training was also scheduled). Staff were required to complete reflective accounts of individual training sessions to ascertain their level of understanding. Observations of practice were being carried out by management and peers. This should give assurance that staff are putting what they learned into practice.

A limited number of staff had attended care plan training and it was evident more improvement is required in this area. Further details can be found in the 'action taken on requirement (3) below.

Staff told us they were really pleased at being encouraged and supported to enhance their skills and knowledge. Therefore we have extended the timescale to give opportunity to make the further necessary improvements.

This requirement has been reinstated. An extension to this timescale has been agreed to 12 June 2023. (See requirement 1 under 'How good is our staff team?').

Not met

Requirement 3

By 08 September 2022, the provider must make proper provision for people's health, welfare and safety.

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

- a) ensure people's health, wellbeing and safety needs are assessed on admission, when needs change and on a regular basis thereafter, in line with the provider's policy
- b) ensure that where risks are identified, a care plan is developed and implemented
- c) ensure that the care plan is regularly evaluated for effectiveness and updated when needs or interventions change
- d) ensure health, wellbeing and safety assessment, risk assessment and care planning, is carried out by staff with the right skills, knowledge and competence
- e) ensure there is a clear system of responsibility and accountability for assessment, risk assessment and care planning.

This is in order to comply with:

Regulation 4(1)(a) 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 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).

An extension to this timescale has been agreed to 20 March 2023.

This requirement was made on 12 May 2022.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we found a lack of assessment, monitoring and evaluation of people's needs. In particular, this related to food and fluid intake, post-falls management and stress and distress management.

A limited number of staff had attended care plan training and other relevant staff were scheduled to attend. Care plans were being reviewed on a monthly basis or when a change in someone's presentation occurred. We saw evidence of advice being sought from other health professionals when required. This meant that, in general, people were getting the right treatment from the relevant people.

However, we concluded further improvements were required in staff's understanding of good record keeping relating to nutrition and stress and distress care planning. For example, although good care plans were in place, there was insufficient information in monitoring tools such as food and fluid balance charts and ABC (antecedent behaviour consequence - an observational tool that allows the recording of information about a particular behaviour) charts. This meant staff were unable to carry out thorough evaluations and care reviews therefore people's care and support could be compromised. As stated previously, the manager was relatively new in post and we were pleased to see the level of improvement that had already been achieved.

This requirement has been reinstated. An extension to this timescale has been agreed to 12 June 2023. (See requirement 1 under 'How well is our care and support planned?').

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

The provider should ensure that staff caring for residents have an understanding of residents' care needs, and act on the details provided within the care plan. This will make sure that residents' care needs are being appropriately met.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: '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.'

This area for improvement was made on 25 January 2023.

Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because care staff had not fully understood the contents of a resident's care plan in terms of what their actual assessed needs were. This meant the person's care and support could have been compromised. Measures needed to be taken to ensure all care staff know their residents' care needs and have read and understood individual care plans.

During this inspection we concluded that further improvement relating to care planning was required. When asked, staff were aware of the contents of the care plan, however, in some instances there was insufficient detail to enable thorough evaluations and care reviews. This meant people's care and support could be compromised. This area for improvement has been encompassed within requirement (1) in the 'how well is our care and support planned' section of this report. Therefore we are removing this area for improvement.

Previous area for improvement 2

The provider should ensure that residents experience and environment that is clean, tidy and well maintained.

This is to ensure care and support is consistent with Health and Social Care Standard 5.22: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.'

This area for improvement was made on 25 January 2023.

Action taken since then

This area for improvement was made as a result of an upheld complaint. It was made because a resident's bedroom was not of an acceptable standard of cleanliness, and the carpet and chair required to be replaced. In addition, the bathroom required to be cleaned to an acceptable standard.

During this inspection we found the home to be clean, tidy and fresh throughout. The aforementioned chair and carpet had been replaced. People we spoke with told us they had no issues with the general cleanliness of the home.

This area for improvement was met.

Complaints

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

Detailed evaluations

| | |
|---|--------------|
| How good is our leadership? | 2 - Weak |
| 2.2 Quality assurance and improvement is led well | 2 - Weak |
| How good is our staff team? | 3 - Adequate |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 3 - Adequate |
| 3.3 Staffing arrangements are right and staff work well together | 3 - Adequate |
| How well is our care and support planned? | 2 - Weak |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 2 - Weak |

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