

Walton House Care Home Care Home Service

Victoria Road
Leven
KY8 4NR

Telephone: 01333 695 696

Type of inspection:
Unannounced

Completed on:
23 October 2023

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000132

About the service

Walton House Care Home is a well established care home, situated in Leven in Fife.

Holmes Care Group Scotland Ltd was registered 17 May 2023 to provide residential and nursing care for up to 40 older people.

Accommodation is provided in a converted building, situated close to local shops and public transport and across two floors. Each floor has communal living and dining areas with small galley kitchens. There are twenty generously sized single bedrooms with en suite shower facilities and assisted bathrooms, on each floor. A hairdressing salon and small activities room are on the top floor, with access from the lift.

A long narrow garden area with a path to the side of the building and secure garden with paving for walking round and some seating, is accessible with supervision.

The provider's overall aim is:

"to enrich the lives of residents by providing high quality individualised care and support. This the company does in a homely, well maintained and friendly environment where staff will deliver care and support to a high quality, where the views of residents are fully taken into account and where residents are treated with dignity, respect and compassion. Person-centered care and support plans are devised to detail how support will be delivered."

About the inspection

This was an unannounced follow up inspection which took place on 18 and 23 October 2023. The inspection was carried out by one 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 five people using the service and three of their family.
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- People living here were comfortable
- Regular support from agency staff was evident.
- Staff training and supervision had been re established
- Quality Assurance systems had initiated improvements
- Record keeping had improved
- Infection and prevention control was evident and the environment was clean.

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

Requirements

Requirement 1

By 25 September 2023, the provider must evidence that service users receive care that meets their health, safety and wellbeing needs. To do this, the provider must, at a minimum, ensure that care records reflect good practice and include:

Comprehensive, accurate and up to date information, reflecting assessment of people's health and care needs,

Detail of the support required and planned to maintain people's wellbeing.

Regular review and evaluation to measure the quality of service provision and effectiveness of care and treatment.

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)

and

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: '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 requirement was made on 30 June 2023.

Action taken on previous requirement

We found record keeping had improved which meant records could support communication and guide staff in delivering the care and support people needed.

Care records had been transferred over to a new pro forma which supported a systematic approach to assessment and record keeping. Support plans sampled were comprehensive and up to date reflecting assessment of people's health and care needs and, preferences. We found detail of the support required and planned to maintain people's wellbeing with a focus on "what works" for individual people and how they might communicate their wishes.

There were systems in place for regular review and evaluation to measure the quality of service provision and effectiveness of care and treatment, as part of the service audit and quality assurance. Individual support plan reviews were still to be embedded as routine monthly practice. This was discussed with management as an ongoing area for improvement to be routinely followed up at our next inspection.

Met - within timescales

Requirement 2

By 25 September 2023, the provider must ensure that service users experience a service with well trained staff. You must evidence staff receive training appropriate to their role and responsibility, to meet the assessed care and support needs of service users. This must include but is not limited to:

Supporting people living with dementia including managing stress and distress,

Demonstrating understanding of assessment tools used to identify risks and

Good record keeping.

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)

and

This is to remain 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)

This requirement was made on 30 June 2023.

Action taken on previous requirement

We found an improving picture of staff training evident in improved record keeping and which meant they were better equipped to deliver the care and support people needed.

We were encouraged by the calm and homely climate of care reflecting effective management of any stress and distress people experienced.

A greater number of staff had completed mandatory e learning and opportunities for focussed face to face training were available. This meant more staff could receive training appropriate to their role and specific to the assessed care and support needs of service users. There was good written guidance for staff completing care records and there was evidence of provider's internal training being complimented by support from their Care Home Liaison Nurses.

Reliance on agency and staff turnover could undermine progress with delivering and consolidating training but we were encouraged by evidence of continuity in agency carers and the supervision of new staff.

Met - within timescales

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 promote people's nutritional health, the provider should review the menu arrangements to ensure adequate provision of meal choices, including the provision of fruit and vegetables. People living in the home and their representatives should have the choice to be involved in the menu planning.

This is to ensure that care and support is consistent with the 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 30 June 2023.

Action taken since then

We found the provider had reviewed the menu arrangements with planned changes scheduled for December. Relative's meetings had been re established which meant better opportunity for families to be involved in service developments and improve their experience of the service by raising concerns. We were told that in terms of communication "things had improved over the last 6 months" People were involved in decisions around their own or their loved ones care and support.

This area for improvement has been met.

Previous area for improvement 2

In order that 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 meet their outcomes. The provider should also consider peoples use of outdoor space in a way that promote independence.

This is 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);

This area for improvement was made on 30 June 2023.

Action taken since then

Not assessed at this inspection and so carried forward.

Previous area for improvement 3

In order that people experience good outcomes and quality of life, management must have a sound overview of outcomes experienced by people. Including the management of: medication, falls, weight loss and incidents of stress and distress. Evidence must include, but is not limited to:

Audits for monitoring and checking the quality of service in place to ensure areas for improvement are identified and addressed.

Improvement plans to support a service that meets people's assessed needs, delivers planned treatments, care and support that ensure people experience positive outcomes.

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 area for improvement was made on 30 June 2023.

Action taken since then

We found management had established an overview of outcomes experienced by people. Including the management of: medication, falls, weight loss and incidents of stress and distress. As a result people could experience good outcomes.

Although at an early stage, audits for monitoring and checking the quality of service were in place to ensure areas for improvement could be identified and addressed through improvement planning.

This area for improvement has been met.

Previous area for improvement 4

To ensure service users experience a service with well trained staff, the provider should:

Ensure staff receive regular supervision and appraisals

Evidence staff competency, learning and development needs are assessed, reviewed and addressed. This process should include formal observations of practice and reflect any period of induction and probation

Ensure the training plan addresses slippage in mandatory, and refresher training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

This area for improvement was made on 30 June 2023.

Action taken since then

Not assessed at this inspection and so carried forward.

Complaints

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

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