

Lomond View Care Home Service

The Pleasance
Falkland
Cupar
KY15 7AR

Telephone: 01337 857521

Type of inspection:

Unannounced

Completed on:

8 August 2018

Service provided by:

Barrogil Limited

Service provider number:

SP2004004455

Service no:

CS2012314145

About the service

Lomond View is a purpose-built care home, which is situated on the edge of the village of Falkland in Fife. The home is owned by Barrogil Limited and is registered to provide care to a maximum of 50 older people. At the time of inspection, 38 people were using the service.

The home is comprised of three floors; each having its own communal sitting and dining areas. Bedrooms were all of ample size and had en suite toilet and shower facilities. There were also pleasant garden areas surrounding the building.

The service has been registered with the Care Inspectorate since 14 October 2013.

What people told us

We spoke with 15 people using the service and gathered views from one Care Standards Questionnaire (CSQ). People indicated that they were generally satisfied with the care provided but would have liked more activities and time with staff and other people. People made comments such as:

- "Staff are so kind here, ready to do anything you ask."
- "Get on well with most staff."
- "I'm well looked after."
- "Food is nice - they come and ask what you would like."
- "Home is very quiet, feel lonely."
- "There is a bus tour once a week."
- "Spend a lot of time watching television and sleeping."
- "Do not go outside but would like to."
- "There's an activities person who does things with us."

We had contact from two relatives/carers and gathered views from seven CSQs. These contained mixed views about the care and support provided. We received comments such as:

- "There's a lot of good staff but understaffed at times."
- "The care staff have excelled themselves, keeping my relative mobile."
- "The manager always responds to deal with any issues."
- "The management are not able to consistently maintain improvements."
- "Communication between staff could be better."

- "There is a lack of activities and the garden is poorly used."
- "My relative spends long periods in their room."

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 well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

People experienced a good standard of care and support. Staff were seen to be warm in manner and motivated to provide care that recognised people's personal routines and preferences. People using the service spoke highly of the staff.

The care provided to people was supported by person-centred care plans. The content of these documents had further improved since the last inspection, in that they provided clearer information about people's care needs and their personal routines and lifestyle. This helped staff deliver care which was in line with people's wishes.

Whilst people and their representatives were seen to be involved in planning and reviewing care, this was not consistent. This is important in ensuring that care and support accurately reflects people's needs and expectations. The service acknowledged this and aimed to improve people's input to the care planning process.

The service's ability to help people get the most out of life was evaluated as adequate. Whilst we found that practice was developing in this area, there was still work to be done in improving people's experience of everyday living.

Staff were able to spend more time with people, compared with previous inspections. This enhanced the quality of personal care and social interaction. We noted, however, that many people spent a lot of time in their rooms. Whilst this may be due to personal choice, there is always scope to encourage people to socialise more. Opportunities to regularly involve people in activities were also missed. For example, brief contact to encourage people to move frequently, assist with setting tables, or play the piano.

We acknowledge that the activities co-ordinator had only recently returned to work and that their renewed presence should have a positive influence on the amount of organised activities. Nevertheless, the importance of encouraging people to move regularly and engage socially (even for very short periods) should be emphasised to all staff. This would have limited impact on staff resources but would greatly benefit people's health and wellbeing. It would also help them get the most out of life. This matter was identified as a recommendation in the last inspection report and has been continued as detailed in 'Areas for improvement' (**see area for improvement 1**).

Staff responded in a reassuring manner where people experienced stress and distress. This helped people relax and enjoy more of their day. Although observed practice was good, some care records could have had more information about the causes of people's distress and what actions should be taken. This would help ensure that all staff could take a consistent approach. The service stated that they would improve information about stress and distress in relevant care plans. This will be followed up at the next inspection.

People's health needs were supported by regular input from healthcare professionals. The home's own nursing and care staff carried out good assessments and regular reviews of people's healthcare needs and there were strong links with two local GP practices, as well as mental health and community health services.

Meals were served at tables in dining areas, or in people's bedrooms, according to personal needs and preferences. People enjoyed their food in a relaxed and sociable atmosphere with appropriate assistance available from staff. The standard of food was described as good.

Areas for improvement

1. In order to improve people's physical and mental wellbeing, the service provider should review the way in which activities are organised. This should focus on the amount of physical and social activity made available for people, within and outside the home.

This will be followed up at the next inspection.

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).

How good is our leadership?

3 - Adequate

People should be confident that processes are in place to ensure that care records are up to date and that policies and procedures are operating correctly. This helps identify problems in the processes used to support people's care and reduces the risks of things going wrong.

We saw that quality assurance systems had been established to regularly review the processes used to support people's care. For example, care plans, medicines, and care-related policies and procedures. The analysis of accidents and incidents could, however, be improved. This would help identify trends in areas, such as falls, with a view to preventing future occurrences.

We also noted that quality assurance processes were being transferred to a new electronic system. Dual systems were operating, which increased the possibility of errors. The service was aware of this and indicated that they worked closely with the organisation's headquarters when carrying out audits. It was anticipated that the new systems would provide better oversight of service operations.

Relatives' meetings were organised to inform them about the service and any planned developments. Suggestions for improving the service were welcomed at these meetings. However, it was not clear how any suggestions were taken forward. There was also little evidence of involving people using the service, and staff members, in suggesting and making improvements to the quality of care. The service acknowledged that it needed to consider ways of getting more people involved with improving outcomes for people using the service.

The limited amount of feedback obtained, regarding possible areas for improvement, meant that the service improvement plan could not fully reflect people's wishes and aspirations. Further development of the service improvement plan, and the processes for involving people in improving the service, was needed. This has been identified as an area for improvement and will be examined at the next inspection **(see area for improvement 1)**.

Areas for improvement

1. In order to identify and implement improvements that fully reflect people's wishes and aspirations, the service provider should further develop the service improvement plan and the processes for involving people in improving the service.

This will be followed up at future inspections.

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

- "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6).
- "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7).
- "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).

How good is our staff team?

4 - Good

Since the last inspection, progress had been made in recruiting staff. This meant that the staff team was more stable and care delivery more consistent. We found a positive team culture, with staff clearly understanding their roles and responsibilities.

Staff worked well together and had developed good relationships with visiting health and social care professionals. We also saw that staff knew people well and were clearly aware of their care and support needs.

Compared with previous inspections, people enjoyed more interaction with staff. Nevertheless, there was still room for improvement in the provision of social activities and opportunities for physical exercise, particularly with people who spent long periods in their rooms. Better links could be established between care staff and the

activities co-ordinator in planning and organising activities. Improved teamworking would help increase the opportunities for people to take part in regular physical exercise and social interactions and this would significantly benefit people's health and wellbeing. The last inspection report recommended developments in this area and this has been continued as detailed in area for improvement 1, under 'How well do we support people's wellbeing?'

Staff received regular supervision and appraisal. However, there was no clear link between this and the identification of training and development needs. We were informed that new systems were being introduced that would address this issue. The service recognised the importance of providing training that equipped staff to provide people with high standards of care. This was evidenced by the availability of a wide range of training courses (for example, Scottish Vocational Qualification (SVQ) Level 2 and 3 and Health Care Assistant qualifications).

The home was not fully occupied at the time of inspection. We discussed the importance of continually monitoring the number and skill mix of staff to ensure that people's care and support needs are met. This will be especially important when the number of people using the service increases.

How good is our setting?

4 - Good

People lived in an environment that was clean and well decorated. Communal areas and corridors provided enough space to move around freely, as well as scope for staff to develop opportunities for people to take part in activities.

Bedrooms and en suite shower rooms had been designed with the needs of older people in mind. They were spacious, with ample room to accommodate personal possessions and allow movement with mobility aids. We saw that rooms had been personalised with people's own furniture and belongings. This made the rooms more homely.

Improvements could, however, be made to signage in communal areas to assist people in finding toilets, bathrooms, and sitting/dining areas. This would help promote people's independence by allowing them to find and use facilities without the assistance of staff.

Pleasant gardens surrounded the home but were not used often. Development of the garden area would allow people to get fresh air and spend time doing activities they enjoy. Where possible, the design should help people access the garden independently so that they are free to choose when they go outside, without relying on staff.

The need for improvements to the internal environment and garden design was recommended at previous inspections and this has been continued as detailed in 'Areas for improvement' (**see area for improvement 1**).

The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment was highlighted. This would help ensure that best practice and people's needs and wishes were taken into account. In making changes, consideration should be given to improving people's access to tea/coffee making facilities and items which allow them to help out with tasks, such as cleaning/tidying and setting tables.

We were informed of links with the local community, through schools and the Friends of Lomond View group, etc. The latter provided support in visiting people and organising events. The service indicated that they actively seek opportunities for people to connect with the outside community. This is something that we encourage and will follow up at the next inspection.

Fitting restrictors to windows was made subject to a requirement at a previous inspection, with appropriate action taken at the time. At this inspection, we found a window that did not have the correct type of restriction mechanism fitted. The service immediately addressed this. They also identified that they would carry out regular checks to ensure that suitable mechanisms are fitted and that they are operating correctly.

A number of people had child gates fitted to their room doorways. We were informed that they had requested these to support privacy. The need for these to be risk assessed was identified in a previous inspection report, however, we noted that there were gaps in recording these. Hence, this has been reinstated as identified in 'Areas for improvement' (**see area for improvement 2**).

Areas for improvement

1. In order to promote activity and independence for people with dementia and other cognitive impairments, the service provider should make appropriate changes to the internal environment and garden area. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This will be followed up at the next inspection.

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

- "I can independently access the parts of the premises I use and the environment has been designed to promote this" (HSCS 5.11).
- "The premises have been adapted, equipped, and furnished to meet my needs and wishes" (HSCS 5.16).

2. The service provider should ensure that all people with child safety gates fitted to their room doorways have risk assessments carried out (involving, where possible, people using the service and/or their representatives). The risk assessments should include details of the need for such measures and any alternatives considered.

This will be followed up at the next inspection.

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

- "The premises have been adapted, equipped, and furnished to meet my needs and wishes" (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

The content of care plans had improved since the last inspection. New documentation was being introduced which provided clearer assessment and review of people's care needs, as well as better direction on how people's care and support should be delivered. We did, however, find some gaps in the completion of documentation and responses to some falls risk assessments could be improved. These are matters which should be addressed through the care home's audit processes and will be examined at the next inspection.

The content of care plans was more person-centred, although the quality of information about people's lifestyle, interests, and personal preferences was not consistent. There was also little detail about how people could be encouraged to take part in physical and social activities. Such information helps staff take account of people's wishes and assists them in developing activities that are of interest to them. The service needed to develop care plans in respect of this **(see area for improvement 1)**.

We saw evidence of people and/or their representatives being involved in planning and reviewing their care plans. The service agreed, however, that some work was needed to improve the consistency of such involvement.

People who were unable to make their own decisions were supported by appropriate legal frameworks. Copies of legal powers were, however, not always available. This information is necessary to ensure that care is delivered in line with people's needs and wishes. The service identified that they would obtain copies of legal powers and file these in relevant care plans.

Staff responded well to people when they experienced stress and distress. This helped people to remain calm and relaxed. Care plans generally provided good information about how to manage people's distress, although some could have contained more detail about factors affecting people's behaviour and how to intervene. This would help staff take a more consistent approach.

People's wishes, regarding end of life care, were clearly documented in relevant care plans. This would help ensure that staff provided care and support that was consistent with people's needs and expectations, at the appropriate time.

Areas for improvement

1. In order to help staff take account of people's wishes and assist them in developing activities that are of interest to them, the service provider should ensure that care plans contain clear information about people's lifestyle, interests, and personal preferences.

This will be followed up at the next inspection.

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

- "I can maintain and develop my interests, activities, and what matters to me in the way that I like" (HSCS 2.22).

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

Requirements

Requirement 1

The provider must implement robust systems to effectively demonstrate how all residents' individual care and support needs and personal preferences are being gathered and then met. This should include clear and timely record keeping, evidence of ongoing monitoring, and show how this is being regularly evaluated.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) and (b) - Welfare of Users.

Timescale: this requirement will be followed up at the next inspection.

This requirement was made on 1 September 2017.

Action taken on previous requirement

This requirement has been met.

The service had made significant progress in implementing new care plan documents and the content was regularly reviewed.

The new documents were more person-centred and highlighted the needs and preferences of people using the service. There were descriptions of individual care and support needs and how this should be provided by staff.

Improvements had been made to the documentation of people's lifestyle and personal interests, however, further development would help staff develop activities that are of interest to people. This has been highlighted under 'How well is care and support planned?' and identified as an area for improvement.

Further progress with implementing the new documentation will be examined at future inspections.

Met - within timescales

Requirement 2

The provider must implement robust systems to ensure that an appropriate level of cleanliness is maintained at all times throughout the home.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - Welfare of Users; and Regulation 10(2)(b) and (d) - Fitness of Premises.

Timescale: this requirement will be followed up at the next inspection.

This requirement was made on 1 September 2017.

Action taken on previous requirement

This requirement has been met.

We found the home to be clean and tidy and there were no significant concerns regarding overall cleanliness.

Met - within timescales

Requirement 3

The service provider must ensure that, at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety needs of service users. Due to the processes involved in recruiting and reorganising staff (which can take some time), no definite timescale in meeting this requirement has been set.

This is order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011, SSI 2011/210 Regulation 15(a) - Staffing.

Timescale: this requirement will be followed up at the next inspection.

This requirement was made on 1 September 2017.

Action taken on previous requirement

This requirement has been met.

There had been a significant improvement in staffing within the home. This meant that staff were able to deliver care in a more structured and consistent manner. We saw that they were able to spend more meaningful time with people when providing care and support.

There were, however, only 38 people resident out of a possible 50 places. Hence, it was not possible to fully assess how staff would manage people's care and support when occupancy was at a higher level. We also had some reservations about the amount of physical and social activity on offer, which the service acknowledged and aimed to improve. This has been identified as an area for improvement under 'How well do we support people's wellbeing?'.
The way in which staff are deployed and utilised will continue to be followed up at future inspections.

The way in which staff are deployed and utilised will continue to be followed up at future inspections.

Met - within timescales

Requirement 4

This requirement was made following a complaint investigation.

The provider must make proper provision for the health, welfare, and safety of people using the service. In order to achieve this, the provider must:

- Ensure that the needs of people using the service are fully assessed and that a detailed plan (care plan) is developed to demonstrate how these needs are to be met.
- Ensure adequate guidance is made available to staff in relation to catheter care and the risk of infection.
- Ensure that a system is in place to audit supplementary documentation to ensure good practice.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - Welfare of Users.

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

- "I am confident that the right people are fully informed about my past, including my health and care experience and any impact this has on me" (HSCS 3.4).

Timescale: to commence immediately upon receipt of this report and to be completed by 17 August 2018.

This requirement was made on 25 July 2018.

Action taken on previous requirement

This requirement has been met.

The service was in the final stages of moving to new care plan documentation. We found that care plans contained suitable assessment and review processes and appropriate detail about how care and support should be delivered.

There was clear reference to catheter care in relevant care plans, including details on how to provide catheter care and the management of infection.

Regular care plan audits had been introduced. These were undertaken by the home manager with support from senior managers at the service provider's headquarters.

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

The service provider should ensure that approaches to care promote personal choice and help maintain and improve residents' everyday living skills. For example, self care and occupational tasks, which residents may identify with. Programmes of individual and group activities, organised by the activities co-ordinator, should be supplemented by supporting and encouraging care staff to plan and organise activities at times when the activities co-ordinator is not on duty.

The new care plans may be used to support this by providing clear and up to date information about what should be done when providing care and assisting individual service users.

This will be followed up at the next inspection.

National Care Standards, Care Homes for Older People - Standard 6: Support Arrangements.

This area for improvement was made on 1 September 2017.

Action taken since then

This area for improvement has not been met.

The service still needed to improve opportunities for people to engage with physical and social activities, within and outside the home. This area for improvement is continued as identified under 'How well do we support people's wellbeing?'.

Previous area for improvement 2

The service provider should consider and implement (where appropriate) changes to internal decoration and garden design to make it more 'dementia-friendly' and help promote activity and independence for residents living with dementia. The use of the King's Fund Environmental Assessment Tool was highlighted as a useful resource when examining this issue.

This will be followed up at the next inspection.

National Care Standards, Care Homes for Older People - Standard 4: Your Environment.

This area for improvement was made on 1 September 2017.

Action taken since then

This area for improvement has not been met.

Improvements still needed to be made to internal decoration and the garden area to make it easier for people to move around the home and garden area with reduced need for assistance.

This area for improvement is continued as identified under 'How good is our setting?'

Previous area for improvement 3

The service provider should ensure that all residents with child safety gates on their room doors have risk assessments carried out (involving, where possible, residents and/or their representatives). The risk assessments should include details of the need for such measures and any alternatives considered.

This will be followed up at the next inspection.

National Care Standards, Care Homes for Older People - Standard 4: Your Environment.

This area for improvement was made on 1 September 2017.

Action taken since then

This area for improvement has not been met.

The service had taken action to improve risk assessments. However, we noted that there were still gaps in the recording these. This area for improvement is continued as identified under 'How good is our setting?'

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good

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

How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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