Care service inspection report

Lydiafield Care Home
Care Home Service Adults
Standalane
Annan
DG12 5JR
Telephone: 01461 203261

Type of inspection: Unannounced
Inspection completed on: 9 June 2014
Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

- Quality of Care and Support 5 Very Good
- Quality of Environment 5 Very Good
- Quality of Staffing 5 Very Good
- Quality of Management and Leadership 5 Very Good

What the service does well

Lydiafield staff and manager were seen to work to high standards in terms of ethical, person centred care, treating their residents with respect and dignity. From the manager through to all staff groups, we considered they shared the same belief and vision on how good quality, respectful care should be delivered. As in the last inspection in November 2013, staff appeared calm and well organised, working together to meet the changing resident needs. In doing this, they delivered a holistic, personalised service to every resident with warm communication and very appropriate humour. We saw that staff training had improved and there was a noticeable impact on practice. For example, dementia training was seen to have had a positive influence on service delivery to residents with cognitive difficulties.

Staff, residents and family all expressed appreciation at the care, commitment and professionalism of the manager. Residents particularly said the manager was fully accessible, easy to speak with and carried through with any commitments made. We could see that residents were very comfortable with, and respected the manager.

We viewed evidence of the continuing collaboration between medical staff and Lydiafield and the partnerships between the care home and related professionals. These combined to give positive and beneficial outcomes for the residents. For example, the manager and senior staff worked with local medical professionals and the pharmacist to reorganise the provision of medication. Although changes were not fully implemented, we could see there were significant improvements in medication management. These efforts helped residents maintain good health and wellbeing.
We observed a warm and positive atmosphere within Lydiafield. There was a good range of daily activities to meet a range of interests and current good practice standards. For example, on maintaining mobility through exercise based sessions.

We were told by residents that the food was excellent, well presented and the menu varied. The care home was clean, bright and well maintained. We noted that residents were well dressed. Staff made very good efforts to ensure personal dress preferences and were seen to pay particular attention to residents' individual choices in makeup and jewellery. In combination, this helped to make Lydiafield a pleasant, cheerful and homely environment, with personalised care being delivered by committed and energetic staff.

**What the service could do better**

We could see the manager and staff group had continued to work hard on meeting the requirements from the previous two inspections. However, there were still areas for improvement in service provision and delivery.

We appreciated that residents needs increased as health needs changed and the care home reached the optimum capacity of 51 residents. Although we could see that the service met the minimum levels suggested by the original staffing schedule, it was also clear that the complexity of resident need had substantially increased since the schedule was developed. The service was regularly assessing resident dependency levels at the recommended intervals and again, when resident need changed. However, from the figures available, current staffing levels did not appear to meet the assessed increased resident dependency, especially at times of the day when individual need was greatest. This was particularly apparent within two units in the care home. We again observed that residents had to wait for carers to become available and became noticeably affected. We saw that carers had to make difficult decisions on priority which impacted on the quality of care received by the residents. We also saw that some residents became noticeably uncomfortable when other residents in the immediate area required assistance, but carers were involved elsewhere. We have referred to the issue of staffing levels in the body of this report.

**What the service has done since the last inspection**

The manager had continued to develop and embed processes and systems throughout a number of areas within the care home. These helped the service to be well organised and to deliver care in an efficient, person centred way. For example, we noted that staff were supported through supervision and team meetings. We observed that staff were fully engaged with the service, confident and able to express their views and opinions to the benefit of service improvement. Training had been highlighted and delivered in key areas such as dementia and were seen to have a positive impact for residents.
The new systems were thorough, and well integrated into daily practice. For example, the handover form was methodically used to update each shift on information relating to the residents’ medical and personal situations.

Although there had been a small degree of staff turnover, we observed that staff had developed into coherent teams, working collaboratively and positively together.

The service provider had made investments in the fabric and infrastructure of the building. They had worked hard to meet the requirements relating to the environment listed in the previous inspection report.

The manager and the service provider had re-organised some shift patterns to cover areas of the day where there was a particular demand. For example, the service had two carers starting at 06.00 a.m. to help with the residents who like to rise and dress early. There had also been an additional member of staff appointed, initially to cover the time between 16.00 and 20.00, when demand reduced during this period, the member of staff was asked to cover another time span when there were particular challenges. This extra member of staff and the re-organisation had provided a degree of staffing flexibility and some additional capacity to meet residents’ increasing needs.

**Conclusion**

Lydiafield have continued to make very good progress, and we could see that staff remained motivated and committed to providing a very good level of service. However, as the dependency levels of residents increase, the provider must demonstrate that staff numbers and skill mix meet assessed needs. We will monitor this at the next inspection.
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at: www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011

Requirements and recommendations
If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.
- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Lydiafield Care Home is situated within a residential area of Annan and is registered to provide a care home service to 51 older people. Short stay breaks and respite are available. In recent years, Lydiafield opened an extension to one of the existing units, increasing capacity from 43 to 51 residents. During the inspection, the care home was operating at full capacity.

The accommodation at Lydiafield is provided in four separate living areas each with its own sitting/dining room and kitchen. All the bedrooms have ensuite facilities. Rooms are well furnished, and residents are encouraged and helped to personalise their bedrooms. The standard of decoration is good in most areas and very good in the most recently decorated lounges and corridors. There is a very pleasant enclosed garden area, which has been designed with some resident and relative input. This provided a comfortable and secure sitting area in good weather.
Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 5 - Very Good**
**Quality of Environment - Grade 5 - Very Good**
**Quality of Staffing - Grade 5 - Very Good**
**Quality of Management and Leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
We carried out an unannounced inspection between 06.30 a.m. and 17.40 on Monday the 5th of May. We visited again on Tuesday the 6th of May between 09.00 and 18.30 and again on Wednesday the 7th of May between 09.30 and 17.00. We provided feedback to the Operations Manager, Mead Medical and the manager of Lydiafield on the 7th of May and to the senior staff group on Monday the 9th of June 2014.

During this inspection, we spent times with a number of residents, both in groups and individually. We had lunch with residents and joined in with activities. We spoke to ten residents individually and 25 in total in groups.

We met individually with eight care staff, the cook, the maintenance officer, a member of the domestic team, the activities co-ordinator and the manager.

We met with eight relatives

We took the opportunity to talk with visiting nursing and health professionals.

We reviewed ten residents' care plans.

We reviewed Care Inspectorate documentation, including the service’s self assessment, staffing schedule and insurance schedule. We also analysed Care Inspectorate Care Standards Questionnaires, which we had sent out to residents, relatives and members of staff.

We reviewed a number of new systems and processes that have been developed over the last 18 months. For example, Anticipatory Care documentation, care plans, and auditing documentation.

We looked at the agendas and minutes of a variety of meetings held within the care home - residents meetings, staff meetings and meetings with relatives.
We discussed the nutritional survey, recommendations and outcomes with the cook and the manager.

We reviewed the various ways in which staff, residents and families communicate and discuss issues from the communications books through to how suggestions are made and taken forward.

**Grading the service against quality themes and statements**

We inspect and grade elements of care that we call ‘quality themes’. For example, one of the quality themes we might look at is ‘Quality of care and support’. Under each quality theme are ‘quality statements’ which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

**Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

**Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any requirements we made at our last inspection

The requirement
Requirement 1.
The Provider must ensure that they have a plan in place to review each individual care plan at least once in every six month period or when there is a significant change in a resident’s health, welfare or safety needs.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210 Regulations 5 (2) (b) (ii).

Timescale: within three weeks of the receipt of this report.

What the service did to meet the requirement
The manager, staff team and service provider have undertaken a comprehensive review of residents care plans and there is a system in place for regularly reviewing the care plans.

The requirement is: Met - Within Timescales

The requirement
Requirement 2.
The Provider must make proper provision for the health, welfare and safety of service users by taking action to ensure that care plans accurately reflect levels of need, choices and aspirations.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 210 Regulation 4 (i) (a) which is a requirement about the health, welfare and safety of service users.

Timescale: within six weeks of the receipt of this report.

What the service did to meet the requirement
The manager and staff team have undertaken the process of designing a care plan to suit the needs and choices of the residents of Lydiafield. This care plan is now in place and the staff group have undertaken a systematic review of residents’ care plans.

The requirement is: Met - Within Timescales
The requirement

Requirement 3.
The Provider must review staff training needs to ensure that all persons employed in the provision of the care service receive training appropriate to the work they are to perform.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 210 Regulation 15 (b) (i).

Timescale: within twelve weeks of the receipt of this report.

What the service did to meet the requirement

The manager and senior staff have undertaken a comprehensive review of the training programme and staff training is up to date. The service provider has identified and put in place a new eLearning system. Training in dementia care has been carried out by all staff. Specific training in regards to specific conditions has been carried out.

The requirement is: Met - Within Timescales
The requirement

Requirement 4.
The Provider must review dependency assessments and staffing levels to ensure that there are enough staff on each shift, with the correct skill and knowledge, to meet the health, welfare and safety needs of all residents.

* They must carry out four weekly dependency assessments or sooner if resident need changes.
* Ensure that staff are deployed appropriately delivering physical, social and emotional care, taking into account the layout of the building.
* Ensure that key periods in the 24 hour cycle are adequately staffed. These are identified periods where the care staff have difficulty in meeting needs through increased demand and need. For example, between 8 and 11 a.m. and 16.00 - 19.00.
* Staff must be employed in sufficient numbers to ensure the development and implementation of personalised care plans.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 210 Regulation 15 (a) which is a requirement about staffing and Regulation 4 (1) (a) where a provider must make proper provision for the health, welfare and safety of residents.

Timescale: within two weeks of the receipt of this report.

What the service did to meet the requirement

Dependency assessments have been carried out on a four weekly basis or when needs change. The manager and provider have reviewed the shift pattern and have deployed staff to meet the needs of residents at different times of the day. An extra four hours per day post has been filled and is being used at times of increased need. This is being used flexibly to cover changing needs and demands.

There is a difference in the hours assessed as required by the current dependency assessment and the hours calculated on the staffing schedule. The comparison indicated that Lydiafield did not have sufficient staff to meet the assessed needs. However, the manager is currently running a trial where two different dependency assessments are being completed and a comparison made to determine which assessment most accurately reflects resident need. This will be reviewed at the next inspection.

The requirement is: Met - Within Timescales

The requirement
Requirement 5.
The Provider must assess and analysis the efficiency of the current heating and hot water systems to ensure that all areas of the care home are at a similar temperature within the recommended ranges.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 210 Regulation 10 (2) (c) which is a regulation about having adequate and suitable heating.

Timescale: within four weeks of the receipt of this report.

What the service did to meet the requirement
The heating and hot water systems have been subject to a review. Appropriate steps have been taken to ensure that the systems are working efficiently.

The requirement is: Met - Within Timescales

The requirement
Requirement 6.
The Provider must ensure the standard of sanitary fittings is such that residents can operate easily and maintain independence for as long as possible.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 210 Regulation 10 (2) (a) which is a regulation about the suitability of the premises.

Timescale: within one week of the receipt of this report.

What the service did to meet the requirement
The provider has replaced sanitary fittings where required and to the expected standard.

The requirement is: Met - Within Timescales
The requirement

Requirement 7.
The Provider must investigate and take suitable measures to eradicate any ant or insect infestations.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 210 Regulation 10 (2) (a) which is a regulation about the suitability of the premises.

Timescale: within four weeks of the receipt of this report.

What the service did to meet the requirement

The provider has in place a contract with a suitable firm to ensure the risk is minimal.

The requirement is: Met - Within Timescales

What the service has done to meet any recommendations we made at our last inspection

Quality Statement 1.1: Recommendation 1

It is recommended that the provider investigates alternative communication methods to ensure that residents living with cognitive impairment or sensory impairment can be actively involved and consulted. Staff should then be trained accordingly. This is to meet National Care Standards Care Homes for Older People Standard 11 - Expressing your views.

PROGRESS; The provider has provided training in sensory impairment and Talking Mats has been introduced to assist with communication for those residents with a cognitive impairment.

This recommendation has been met.

Quality Statement 1.3: Recommendation 1

The provider should establish a system where staff have the time to provide meaningful and appropriate activities. Resources should be provided by the provider to enable residents to maintain links with family, friends and communities.

PROGRESS; The activities co-ordinator provides a programme of activities, both individual and group, to suit the needs and choices of residents. The provider has a bus which is used to maintain links with family and communities. The service has recruited a small number of volunteers who assist with outings and drive the bus.

This recommendation has been met.
The annual return
Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment
Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service provided a thorough self assessment which accurately reflected the work they were undertaking. The service also identified how they wish to progress the improvements in service delivery.

Taking the views of people using the care service into account
The residents we spoke to, both individually and in group settings, told us they enjoyed living in Lydiafield. We were told how much they liked and appreciated the efforts made by the manager. Residents spoke warmly about staff and how hard they worked to provide a good service.

One resident felt there were issues with the quality and serving of meals. However, the majority told us the meals were of a very good standard and the new menus developed in conjunction with the nutritionist had made a difference.

Taking carers' views into account
Most relatives we spoke to indicated they were very happy or happy with the care delivered by Lydiafield. A small number expressed some concerns about staffing levels and the adequacy of staff training. A relative told us that they didn’t ‘think staff were employed for the pressure points in the day, that there was not enough staff on their relative’s unit and that residents are regularly left on their own’.

One relative said that ‘staff at Lydiafield are - almost without exception - patient, kind, caring and I am sure influenced by and benefit from the excellent and professional influence of the manager’.

Another said that their ‘relative’s mental and physical needs have improved beyond recognition. I cannot praise the care home enough, especially the manager’.
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

Lydiafield provided evidence to confirm there was a well developed participation policy in place and we found the service demonstrated very good levels of practice in the areas covered by this Quality Statement. We confirmed this by looking at documentation and the processes to support participation and also by talking with residents and their families, who clearly felt very involved in the life of the care home.

Lydiafield provided very good evidence that they responded positively to feedback, advice and suggestions that have been received. We were told by residents that the manager and staff were available, responsive, and conscientious about following through with commitments. For example, one residents’ meeting suggested that first aid kits would be beneficially placed in each unit. This had already been acted on and the kits were in place. Another example was that some residents and their families had raised the laundry as an issue. Meetings had been held and the laundry staff were working to resolve the difficulties.

Residents coming in to Lydiafield were provided with a concise and informative Welcome Pack which gave details on how the care home was organised and managed. It described the level of service residents should expect to receive and there was a clear emphasis on the importance of personal preferences and routines. We saw evidence that residents had been involved in the development of this pack.
The care home had a robust complaints process in place, which included complaints and expressions of dissatisfaction. There was clear information on how to progress a complaint and how to contact the Care Inspectorate. Access details for the Advocacy Service were also readily available in a number of locations.

There had been considerable refurbishment in 2013 of the reception area and front hall. This had resulted in an area which was both welcoming and informative. Further improvements had been made since the last inspection. Visitors could offer suggestions and opinions through the suggestion leaflets as well as a Comments Book.

Noticeboards were prominently placed in the reception area with a good balance of pictorial and large print information posters. There was a forward planner noting significant events like the forthcoming Hawaiian afternoon and a weekly activities planner giving information about regular sessions such as exercise, quizzes and games. Recent survey analysis was also available in pictorial form which was helpful for those residents and visitors who had visual or communication issues. Information was also available on the reception desk as to which staff were on shift on that day.

The service produced regular Newsletters, which were informative and interesting, with a good balance of news about life in Lydiafield.

The service had convened regular resident meetings which included wide ranging discussions on a number of topics. For example, staffing, menus and activities. We viewed evidence to confirm that each meeting was minuted and a copy of the minutes provided for each resident. Again, residents who chose or could be involved in the meetings advised us they felt it was important to participate. They confirmed that suggestions were taken seriously and implemented. Residents said they felt valued and that ‘their opinion mattered’. Relative’s meetings had also been held which provided an opportunity for discussion and debate, although these meetings were not so well attended.

We noted that the manager was involved and visible to staff, residents and relatives throughout the day. All three groups confirmed they could speak to the manager at any time about issues or concerns and that they would be addressed quickly and thoroughly. Other available documentation confirmed this and it was apparent from discussions we had, that relatives and residents alike were very confident in the manager’s abilities, flexibility and understanding.
The manager had established a routine of visiting each resident on a daily basis, starting in the morning with delivering the newspapers and finishing with a round in the evening. This provided residents and staff with opportunities to speak to the manager informally and very regularly. There was an open door policy which relatives confirmed was very comforting. There was evidence in a number of areas to confirm that the manager both knew and understood individual resident’s needs, which resulted in care that was person centred and appropriate.

We observed a handover session between the night and the day shifts, where one carer from each unit attended along with the duty seniors. The carers then fed back to their partners who were covering the unit. The handover sheet had been prepared and was followed by a detailed discussion on all aspects of residents care and needs from the previous shift. There was a number of reminders about critical issues such as fluid and diet charts for individual residents and a reminder of planned health appointments for the following shift. It was obvious from the discussion and the written material that each member of staff attending the handover had a thorough and comprehensive knowledge of residents and how they liked their care delivered.

Lydiafield’s senior carers and the manager have been working on new care plans with each resident. These plans were more concise, but were also more person centred and appropriate to each resident. The care plans cover all aspects of daily living over the full 24 hour period. We noted that residents were involved in the process of developing and changing the plans. There was further evidence that the advice and guidance on how the care should be delivered within the plan was followed by staff. Consistency of care delivery in a personalised way was highlighted by a number of residents as confirmation they were seen as individuals. They told us this made them feel comfortable, valued and safe.

Within the newly developed care plans, there was an emphasis on current capabilities rather than an emphasis on capabilities which were diminishing or lost. We saw information and guidance on how to enhance resident’s skills and maintain them for as long as possible. Again it was obvious that residents, where possible, were fully involved in these discussions.

Residents were also involved in the six monthly review of care plans. Within the reviews and the subsequent documentation, there was evidence of comprehensive discussions and care plans being amended appropriately and quickly to reflect changing need or resident wishes. We also saw that when changes were indicated or requested outwith formal reviews, these too had been taken into account. We noted that the relevant documentation was updated and practice amended accordingly. Residents and relatives told us they appreciated being involved and one resident told us they felt ‘in control’ because they were consulted and listened to on a regular basis.
Residents were also encouraged to complete the recently introduced documentation 'Planning for Today and Tomorrow'. They told us this recorded how they wanted end of life care to be handled and their wishes respected in terms of arrangements and services. This attention to detail was seen as positive and again, residents reported feeling valued and listened to. A local health professional described end of life care in Lydiafield as 'exemplary'.

We observed that staff knew and understood the needs and wishes of residents and were seen to work hard to respect and implement them. We saw residents who were individually dressed, with personal care wishes carried out. We witnessed a number of residents who liked to look well presented and staff had assisted them to achieve and maintain their individual standards. We considered this important in terms of sustaining self esteem, confidence and maintaining individuality.

A small number of residents had been involved in staff interviews. From the written documentation attached to the staff interview file, it was apparent that the resident's opinions were respected and taken into account in the decision making process.

**Areas for improvement**

We saw a significant improvement in the quality of those care plans which had been revised. We also appreciated that the manager and senior staff had adopted a thorough, thoughtful approach to the process. Although not all care plans had been revised, we considered the service had made considerable efforts to do so in a professional and considered manner, and we will therefore monitor progress at the next inspection.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
To assess this statement, we looked at how staff cared for residents and we discussed with both residents and relatives how the care was provided. We reviewed a sample of residents personal plans to confirm that appropriate, regular assessments had been made of residents needs and wishes.

As we stated in Quality Statement 1.1, the service had started on a process of reviewing and revising each resident’s care plans. The new system was more personal in content and we saw that there was an emphasis on recognising and maintaining current skill levels, supporting residents to remain as independent as possible.

We read documentation within the care plans which confirmed that every aspect of the resident’s life and wellbeing was being considered and reviewed. For example, mobility, cognitive awareness and visual / hearing impairment, continence and mental health. There was very good evidence to confirm that staff were carefully monitoring residents’ symptoms and that appropriate liaison with health professionals had been undertaken when required. We observed appropriate collaboration and information sharing taking place, which respected residents confidentiality and dignity. For example, continence care. Through discussion, collaboration and advocacy on the part of Lydiafield staff this intervention was reassessed and an alternative method of coping with the issue was introduced. We saw that this change in approach had very good outcomes for the individual residents concerned in terms of dignity, self respect and general wellbeing.

We saw that residents, and where appropriate, relatives had been actively involved in the development and review of each plan. We noted risk assessments were in place, again where appropriate, with suitable plans in place to mitigate against the risks identified. Contact had been made with relevant professionals to minimise any loss of independence and self confidence. For example, Assistive Technology and Occupational Therapists. We read and confirmed with residents that appointments had been made for them with a variety of professionals. For example, doctors, dentists and opticians. We noted that contacts were recorded and advise or instructions were acted upon. A health professional commented that they were very confident that staff in Lydiafield would carry through treatment plans conscientiously and effectively. This health professional viewed working with Lydiafield staff very much as a partnership and described it as a ‘really good team effort’. We therefore concluded that Lydiafield worked in a very personal, caring and collaborative way with residents and other professionals to maximise residents’ health, wellbeing and confidence.
We joined residents for lunch and observed carers following best practice when helping residents to eat and drink. For example, the same carer remained with the resident throughout the lunch period, and as a result there was appropriate conversation and encouragement. As the number of residents needing assistance had increased, the manager and staff group had developed a more flexible approach to mealtimes. This meant that residents were not rushed and we saw staff trying to make mealtimes a positive experience.

Lydiafield had undertaken a nutrition study with the NHS nutritionist for the area. Menus and diets were analysed in relation to individual needs and preferences and as a result, new menus had been developed. This had been carried out in consultation with residents, relatives and the catering team within Lydiafield through individual discussions and residents’ meetings. There had also been both informal and formal reviews of the new menus to measure resident response. A number of residents told us the meals were ‘excellent’ and there was always different choices available. A family member commented that their relative ‘loved the food’. We also observed that tables were well presented with specialist equipment available to aid independence. We considered that there was a very pleasant, convivial atmosphere during mealtimes, with staff providing discrete support.

We observed many examples of very good practice from care staff. For example, we saw carers working at the resident’s pace, encouraging and supporting independence and choice. We viewed staff administering medication in a tactful, sensitive manner, respecting the dignity of the individual resident.

The issue of how to optimise communication for those residents experiencing communication difficulties had been raised during the last inspection. We noted that Talking Mats were now available and in use. Talking Mats is a system developed to help individual with cognitive impairment express themselves. We also reviewed evidence to confirm that relatives with hearing impairment were regularly emailed to keep them in touch with their family member.

The manager and senior staff were seen to have worked consistently on improving the medication system. We checked the progress made through liaison with the NHS pharmacist, the local pharmacist and the local GP practices. Whilst anomalies were still apparent, we viewed very good evidence that Lydiafield staff had made significant improvements to the system. This had positive effects in terms of the health and wellbeing of the resident group.
Lydiafield’s Activities Co-ordinator provided a good range of activities for both individuals and groups on a daily basis. Lydiafield benefited from having a volunteer who undertook some individual sessions - for example, hand massage and nail care. We took part in some group activities during the inspection and appreciated how much the residents involved enjoyed the experience. The co-ordinator followed current good practice standards in terms of mobility and exercise. We could see the co-ordinator also had a very good understanding of individual residents interests and capabilities and we observed sessions trying to meet these preferences. We considered this work had very good outcomes for residents in terms of preserving independence, confidence and self esteem.

**Areas for improvement**

We looked at the issue of staffing levels in relation to assessed resident need during this inspection. The service had regularly carried out dependency assessments on each resident.

The dependency assessments carried out by the service indicated a short fall between the care hours assessed as required and the care hours provided by the service provider. The service provider, however did provide staffing levels which complied with and exceeded the staffing schedule dated 2010.

Some relatives expressed concerns about situations where they believed their relative had not been assisted with eating and drinking in good time or been supported sufficiently. They equated this with staffing levels being insufficient at key times including meal times.

We have therefore asked the provider to investigate and use another dependency tool to allow direct comparison between the two dependency assessments. We will review this at the next inspections particularly relating to satisfactory outcomes for all residents within Lydiafield.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths
Strengths identified under Quality Statement 1.1 are also relevant to this statement.

The service provider had again continued to invest in improving the environment within the care home and residents had been involved in choosing colour schemes. We observed that once choices had been made, the redecoration had been carried out quickly. Residents told us how pleased they were with the changes. We felt this level of participation and control over their environment had positive outcomes for residents in terms of involvement and participation.

During the inspection process, we observed a new resident being admitted to Lydiafield. We noted very good efforts by the manager and staff making excellent efforts to ensure that this resident’s accommodation met their needs. We considered there were very good outcomes for this person in terms of being able to resume and sustain their relationships within the care home and the local community.

We also read documentation and confirmed with relatives and residents that individuals could move within the care home when rooms that better met their needs became available. Relatives expressed their appreciation at the care and compassion shown by staff who managed and assisted with this process.

Areas for improvement
The service should continue to work with the residents in this inclusive manner, ensuring that residents with communication difficulties can also be enabled to participate.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Statement 2
We make sure that the environment is safe and service users are protected.

Service strengths
We read documentation which evidenced that cleaning schedules were in place, were adhered to and monitored by the manager. The care home environment was pleasant, well maintained, clean and odour free.

Communal areas were seen to be in a clean condition during the inspection period and were both fresh smelling and comfortable. We read evidence which was confirmed by residents and relatives that very good efforts had been made by the manager and service provider to address a recent issue in one of the lounge areas. This included refurbishing an area to improve both the physical conditions and the general atmosphere.

Lydiafield’s maintenance person continued to ensure that the property was kept in good repair and that any work needing addressed, was done quickly and competently. We saw this both by walking round the building and by checking relevant logs and documentation. The service also provided evidence to confirm that equipment had been regularly checked by both external agencies and internal staff. For example, heating systems, fire alarm systems and electrical appliances.

Cleaning equipment and materials were seen to be appropriately stored. Current good practice in terms of infection control in communal areas was seen to be complied with. For example, bathrooms were clear of personal items and personal protection equipment was freely available to care staff. We noted that staff routinely used this equipment in line with current practice standards and the service’s policy. We saw that mandatory training in infection control had been regularly updated with staff.

On the whole, communal areas were hazard free and we observed staff storing mobility equipment appropriately to protect resident safety.

The garden areas and outside environment were well maintained and there was suitable access to the areas for residents living with mobility issues. This ensured that residents had choice on where they wished to go, when they wished to do so without necessarily having to ask for staff support.
Areas for improvement

In terms of best practice for Infection Control, we observed that bins in toilet and bathroom areas were not pedal bins. We advised the manager and the service provider of this and an order was immediately placed for the correct bin. By the time the inspection was completed, appropriate bins were in place.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths
The strengths recorded under Quality Theme 1.1 are also relevant strengths for this quality statement.

Areas for improvement
The manager and staff team should continue to work in this inclusive way.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We assessed that the service was performing to a very good level in this area. In making this decision, we observed staff practice and interaction with residents, looked at training records and spoke with staff, relatives and residents.

We observed a hard working staff group who were actively trying to provide a good service to residents. The staff group shared the manager’s ethic of high quality, personalised care and we saw very good attempts to ensure this. We observed staff treating residents with dignity and respect, of taking time to engage positively with residents and exhibiting sensitive, compassionate responses. Staff were aware of good practice standards and there was an overall emphasis on individual choice, independence and inclusion. For example, we observed staff exhibiting insightful, measured dementia care recognising the rights of the individual. We also observed a rigorous adherence to infection control to meet national standards and expectations. We spoke to a number of residents and relatives who expressed confidence that the staff had the ability to meet their needs.

Staff turnover had been low since the last inspection, and although there had been a small number of changes, the staff group was generally stable. We observed the staff group working more as a team, with a degree of flexibility which helped to meet fluctuating resident need. We concluded this had good outcomes for residents in terms of consistency of good quality care provided by staff who were known to the residents and who had a good understanding of individual’s needs and choices.

The service had a range of policies and procedures in place to lead staff to the quality of care expected by the service provider. When we interviewed staff, it was apparent they were knowledgeable about the procedures and understood their responsibilities to residents, relatives and colleagues. Staff expressed confidence that they could and would alert the manager to any concerns and be sure that they would be addressed. Staff, residents and relatives also said they felt confident in the clear management and leadership skills displayed by the manager.

Staff told us that they felt they now worked more as a ‘team’ and that morale remained good. Through the medium of supervision and team meetings, staff said they felt able to make suggestions, discuss and debate practice issues. They commented they felt valued and respected by the manager. They expressed appreciation of the good level of support available within Lydiafield from both colleagues and the manager. Supervision was seen to be regular and in the supervision files we sampled, was of good quality covering both practice and organisational issues.
We reviewed the training matrix and the documentation relating to individual staff member’s training needs and wishes. The training matrix had undergone a substantial re-organisation and was both clearer and more accessible to all staff. Mandatory training gaps had been addressed and all staff, by the end of the inspection process, were up to date with training. The service had ‘champions’ in place to promote good practice in specialist areas and a senior carer had been trained as a Moving and Handling Trainer. A variety of training courses had been provided through eLearning and staff reported that other course were being identified when discussed at supervision. More specific training to meet the needs of individual residents had been undertaken by local health professionals. For example, pressure care and continence. Specialist dementia training has been rolled out to all staff in Lydiafield, which was provided by a recognised local provider. This dementia training mirrored the standard of Promoting Excellence which is currently promoted by the Care Inspectorate and Scottish Government. The local GP practices had trained all senior staff to take basic observations as a means to aid the assessment for medical intervention. For example, blood pressure, oxygen levels and temperatures. This allowed medical personnel to make a more informed decision about the required action. This had good outcomes for residents in terms of wellbeing and health.

In speaking with staff and in observing practice, we could see staff were operating with knowledge, confidence and understanding. We also considered staff were energetic and enthusiastic, with an obvious determination to work well.

Staff who were required to be registered with the Scottish Social Service Council had done so and other staff groups registrations were already being progressed.

Areas for improvement
A small number of relatives expressed some concerns that staff training remained inadequate in key areas. This has been raised with the manager and the service provider. We could see that training had been provided, but will assess the impact on practice at the next inspection.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
The strengths recorded under Quality Theme 1.1 are also relevant strengths for this quality theme.

Areas for improvement
The service should continue to work in this inclusive way.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths

We concluded the service worked to a very good level in this area and had robust quality assurance systems in place covering all aspects of Lydiafield.

The manager had established regular meetings with local health professionals, which provided the opportunity for issues and challenges to be addressed. From the minutes available, it was clear that this collaboration had a direct impact on ongoing improvements with the service in Lydiafield. For example, the staff had been trained in taking blood pressure and temperature to assist with the medical staff’s decision making process for medical intervention. This had good outcomes for residents in terms of minimising intervention whilst providing suitable care. There was also evidence of the manager working collaboratively with other professionals and actioning advice given. For example, the local authority.

The manager and the assistant manager had a programme for auditing staff performance, which measured staff response, knowledge and practice. For example, the assistant manager had audited the night shift by observing the period between 04.00 and 06.00 a.m. in the morning. There were processes in place to address any issues identified through individual supervision or through staff meetings. We verified this had been carried out and suitable action taken.

Lydiafield had a robust process for auditing accidents, incidents and concerns, which was checked on a regular basis by the manager. The incidence of falls were extrapolated from these audits and further checks were made to ensure potential falls were minimised.

The manager had a system of audits in place to check the environment, the effectiveness of cleaning and laundry routines and safety throughout the building. The service provider, in conjunction with the manager, carried out a comprehensive audit of all aspects of the care home. This included ‘auditing’ the audits and checking that any issues identified had been addressed in a thorough and timely manner.

We also recognised that the manager and staff actively canvassed the views of relatives and visitors to Lydiafield through questionnaire cards and questionnaires. We saw evidence that comments and suggestions had been actioned. A ‘stakeholders’ questionnaire was being developed which would look for the views of all professionals and interested parties involved with Lydiafield.
Areas for improvement

We suggest that Lydiafield complete and issue the stakeholders questionnaire. This would provide a formal means of canvassing views of current performance and areas for improvement.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information
The service gave us an appropriate action plan on 12th of February 2014 and we re-graded to the appropriate level.

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).
## 5 Summary of grades

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## 6 Inspection and grading history

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