

Lynn of Lorne Care Home Care Home Service

Benderloch
Oban
PA37 1QW

Telephone: 01631 720278

Type of inspection: Unannounced
Inspection completed on: 29 August 2016

Service provided by:
McKenzie Care Homes Ltd

Service provider number:
SP2011011754

Care service number:
CS2011305842

About the service

Lynn of Lorne is a purpose-built two storey care home consisting of single, en-suite rooms and one shared room. The home is situated in the village of Benderloch near Oban. The service was registered on 3 April 2012 to provide 24 hour care to 62 older people.

The service's philosophy states "to provide care and support for you, consistent with your care needs, whilst supporting you to live as independently as possible."

Care is provided on a short and long term basis. Respite care can also be provided.

The environment is well maintained with a homely and welcoming appearance throughout. The home has well maintained external gardens with seated areas for service users.

The service continues to make a considerable effort to offer an acceptable service to the residents. Some staff strive to give individual time to each resident and everyone we spoke with during this inspection stated that the food is enjoyable and caters to personal tastes.

What the service could do better There is a new manager in this service who was in post for four weeks when we visited. To progress the service requires firm leadership which would enable it to fully ensure the care and safety of the residents.

Care plans need to be person centred and all information completed, dated and signed and then kept up-to-date. It is essential that MUST sheets are completed along with weight charts and continence assessments among other assessments.

Presently the two activity co-ordinators do not have time to fulfil their role as they are being used to serve breakfasts and to accompany residents to various appointments. This results in the co-ordinators not having the time to fulfil their job descriptions and the residents not receiving the stimulation they should receive.

During this inspection we looked at the returned:

- Care Standard Questionnaires which consisted of 20 service users, 20 relatives and carers and 8 staff,
- The Registration and Insurance documentation,
- Fourteen residents' care files,
- Six staff files,
- the training plan,
- the accident and incident records,
- Staff Rotas and Staff on Duty Records,
- the four week planned Menus including soft diet and puree diets,
- the Risk Assessment for the building,
- Minutes of service users' and relatives' meetings,
- Minutes of Staff meetings,
- The staff communication book for each floor,
- The Diary which included any appointments etc.,
- We undertook an SOFI of a meal time,
- Staff supervision and Personal development,
- Reviews of residents' care plans,
- The notice boards,
- Quality Assurance systems.

We spoke with:

- The Area Manager,
- the Service Manager,
- The Unit Manager,
- Four Senior Care Staff,

- Four Senior Nursing Staff,
- Six Care staff,
- Two Domestic Staff,
- The Domestic Senior,
- the Chef and 1 Kitchen Porter,
- Fourteen residents,
- Nine relatives,
- Four Agency Staff.

We looked at:

- The four units including bathrooms showers and toilets,
- The Fabric and furnishings of the building,
- The garden grounds,
- The Medication room,
- All four units,
- Four bedrooms,
- Four Lounges/Dining rooms,
- The Kitchen and the laundry,
- The entrance Hall and Reception office,
- Any equipment being used,
- The inappropriate use of a bathroom which was being used as a store room for incontinence pads among other things.

The service remains committed to an improvement agenda and they work along with the Local Authority staff to achieve this.

What people told us

People in general were happy with the care they received with some comments on the lack of activities and the lack of being able to go out on outings and often relatives noticed the shortage of staff especially at meal times.

"I am well cared for. Food is good and plenty of variety."

"I love being here with my friend." (a canary)

"I'm fine here. I'm a vegetarian and the food is very good but there is a big gap between courses which is very annoying."

"I am fine here. I am very happy."

"I have no complaints at all."

"I enjoyed my lunch apart from the wait for the second course."

Most carers appreciated the open door policy which allowed them to visit any time. Some commented on the apparent lack of staffing especially at meal times but all of them appreciated the individual care offered by most of the staff to their relatives. They commented on the lack of outings and activities within the home and there were some who had concerns about the care their relatives received.

"He seems very content here."

"no problem with the general care but sometimes we ask about a problem and the staff have to go away to find out. They cannot tell us immediately."

"I am happy with the care my mother is getting. She is always clean and tidy when I visit. I do sometimes have to remind staff that she needs her hair cut and I don't always get informed when Mum has been to the G.P. which upsets me."
"The care is good. They cater for his diet very well and he is putting on weight."
"All the staff are very good - attentive and patient."
"Constant changes in staff so it is difficult to get consistency with reporting on how my relative is doing."

Self assessment

We received a self assessment and found that it reported accurately in some areas but we found that other areas were not undertaking the good work reported.
We did not receive an Annual Return.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

The service was awarded an adequate grade for this Quality Theme. We decided this after observing and talking to staff and residents. When staff were assisting to feed residents we observed them to be appropriate and caring, allowing the resident to set the pace and encouraging the resident to eat the prepared food. We observed a changeover meeting and saw staff working together sharing information and planning the day. There are two changeover meetings, morning and evening, one for each floor.

There were some very early signs of developing a Dementia Friendly environment and this should be further developed, for example appropriate signage and colour schemes.

Staff were on the whole able to meet residents' basic general care needs and seemed to have a good ongoing relationship with Health and Social Care Professionals.

Considerable work is required on residents' care files. All forms including medical forms need to be completed and signed and kept up-to-date. Evidence of forms being shared with relatives was missing from most files and review minutes should be shared with relatives and carers. Essential information was being missed, for example forms being started and not completed, and care plan audits by the manager should be used to ensure that all files reach the necessary standard. Personal files must include personal details of the resident which included Social, Cultural and Religious. National Care Standards Standard 12.

(See requirement 1 and recommendation 1).

Reviews of service take place and there are communication books on each floor to enable all staff to be up to speed with residents' needs and those are shared at changeovers.

The manager operates an open door policy and most visitors are welcomed at all times. Regular telephone calls are made to relatives to help them to be informed about their relative. Protected mealtimes are in force but the resident can take their visitors to their room at those times. Where appropriate, appointments can be made with audiology and opticians and those services can visit the Home.

Minutes of meetings are very basic, lacking any action points and further dates for meetings. Reviews of service have a very basic report form which does not enable accurate information to be noted nor dates of further meetings recorded. Outcomes for the residents are not reported and it is very difficult to inform of progress made or further actions required.

When the staff contact relatives the discussion should be accurately recorded every time.

There should be ample tables placed to accommodate all the residents. We observed residents lined up against a wall in the dining room with bed tables and staff feeding them. This approach totally lacks any dignity to the residents.

Activities should be discussed and recorded with residents and their preferences noted. The service should provide transport to enable the residents to get out of the building. (See recommendation 2).

Requirements

Number of requirements: 1

1. The provider must be able to evidence that the residents have a good quality of life. Any recording must reflect residents' interests, needs and beliefs. The provider must ensure that there is sufficient staff support available to undertake assessments that ensure residents' personal care, safety and potential and aspirations are clearly documented. Any documentation must contain clear goals and outcomes in planning and delivering care plans.

Recommendations

Number of recommendations: 2

1. During the first week in the Home and at least every 6 months after that service users will receive a full assessment of all their health care needs and staff will record all assessments and reviews of their Health care needs. This is to comply with the National Care Standards Standard 14(3). Timescale on receipt of this report.

2. Activities and outings should be organised and take place on a regular basis and give the resident the choice whether to participate or not. National Care Standards Statement 17 (1).

Grade: 3 – adequate

Quality of environment

Findings from the inspection

The service was awarded an adequate grade for this Quality Theme. This was decided after we looked at appropriate documentation, spoke with residents, their relatives and staff.

The returns to the service indicate that residents and their relatives are consulted about the options for their bedrooms, some of the care delivered and activities they would enjoy.

There is a You Said - We Did notice board in the entrance hall showing that the concerns listed had been listened to and action taken.

Some meeting notes are displayed to inform relatives and service users of discussions.

Methods of gathering views from residents with Dementia should be developed so that programmes delivered reflect all residents' views.

Minutes of reviews of service should more clearly evidence that all areas of care have been discussed and agreed.

All residents have their own room with toilet and wash hand basins en-suite. Facilities in the lounge were clean and functional and all residents have contracts of residency in their personal files.

Staff are all aware of the repairs system and how to access it, where the forms are and told us that repairs are actioned timeously and maintenance contracts are in place for the Home.

Baths and showers are checked weekly. Window restrictors were checked.

There are some areas which would benefit from painting and decorating as well as deep cleaning. The carpets in the halls need to be replaced. Materials stored in some rooms should be moved to more appropriate storage spaces.

All tests of equipment must be recorded, dated and signed, for example we could not find any evidence of checks on call bells and pressure mats and the last recorded check on window restraints was 1 December 2015. (See recommendation 1).

There is an enclosed garden at the side of the building which residents told us they would like to use but this is not happening. This could be a very useful space for residents to get some enjoyable outdoor space and this should be made available to residents as soon as possible.

The entrance to the building needs to be weeded and bushes around the home need to be trimmed to allow the residents in the ground floor light into their rooms and to see out of their windows. Signage needs improved to help orientate residents.

We were unable to locate any records of regular checks on call bells, emergency lightening and clear corridors.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The residents can expect that the rooms and corridors are kept in good decorative order and that the home and furnishings are well maintained.

National Care Standards Standard 4 (8).

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The service was awarded an adequate grade for this Quality Theme. We decided this after we spoke with residents, relatives and staff and observed their practice.

Staff files were tidy and all pertinent information filed accordingly. They were all up-to-date and clear to read. All staff had up-to-date PVG's and information informed that staff were not employed until PVG's had been received.

The service appears to have difficulty recruiting trained staff and agency staff are used on a regular basis.

Agency staff told us that they are not given any guidance when they come to work. This results in them having to ask the permanent staff for direction, which holds the permanent staff back and seems to be causing some animosity.

All staff should have name badges to enable residents and visitors to know who they are talking to.

Some staff files had the front page of their PVG as proof of identification. This practice is not acceptable as the information is confidential and this method of identification should be stopped.

Induction records showed that the dates on the whole induction form were the same. We know that all the induction tasks take longer than one day and therefore this should be recorded accurately on the day the task was completed. In my view it is impossible to complete all the tasks in one day and this should be recorded accurately on the day the task was completed. (See recommendation 1).

Some staff told us that the training they had received enabled them to care for the residents appropriately.

We observed some good team working in one of the units where there appeared to be respect for each other.

Some staff are undertaking SVQ 2 and one member of staff has recently completed level 3.

The manager should undertake a needs led dependency tool to allow her to see if the correct level of staffing is in place. There appeared that the dependency level had increased since our last visit but the level of staffing remains the same.

Staff supervision should take place and be meaningful and recorded appropriately to enable it to be an informative tool for both staff and the management. This should take place on a regular basis and the minutes show accurately what was discussed, what conclusion had been achieved, and who was to take charge of the action and by what time. Both parties should sign the document as being an accurate record of what was discussed and include the date and time of the next meeting. Personal development should take place on a regular basis. (See recommendation 2).

National Care Standards should be discussed at team meetings and evidenced in daily work.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. Agency staff should receive pertinent information to enable them to safely and caringly carry out their required tasks. National Care Standard 5.

2. 50% of staff should be trained to at least SVQ2 level.
National Care Standards Standard 5 Management and staffing arrangements.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Questionnaires were sent out to all residents and relatives, 52 were sent out and 21 returned.

You Said - We did is displayed in the front hall.

The manager operates an open door policy and tries to speak with visitors when they visit.

Care Staff meetings, Senior Carers, Residents' meetings and Relatives' meetings take place. The quality of the recording was inadequate but the recording of the Relatives' Meeting included some good information.

The new manager has introduced sharing all minutes of meetings with all staff.

There appears to be a lack of collating information gathered and we could find no evidence of information being gathered, collated and action taking place from those meetings.

We spoke with some staff who stated that they were not aware of the actions displayed in You Said - We Did.

Staff should be totally involved in any decisions made by management.

Regular dates for follow up meetings should be shown on the minutes of the last meetings and there should be an open agenda for all meetings.

The new manager had only been in place for four weeks at the time of this inspection however, some staff we spoke with had high hopes for improvements in the service and firmer management being undertaken.

- A basic care plan audit takes place.

- A basic medication audit takes place.

There was evidence of the use of a dietician being consulted in some residents' weight charts.

The Care Plan audit should be consistently applied and checked and, as already stated, signed on a regular basis by the manager as to the quality of the plan.

All medication audits should be completed, dated and signatures evident.

Development plans should all include outcomes for the residents.

If points are noted for action they should be followed up and initialled by the member of staff who did the work.

The manager should stop the use of plastic mugs for the residents. Those are old and unfit for use as well as being totally unsuitable and degrading for residents.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must ensure a system is in place for the applying of knowledge in practice being explored more fully in regular one-to-one supervision and staff appraisals. a. The provider must ensure that management support includes the monitoring and development of staff professional development and practice. Clear systems must be documented to evidence the competence of staff on completion of training and in ongoing practice.

This requirement was made on 14 July 2015.

Action taken on previous requirement

We were unable to see development with this requirement.

Not met

Requirement 2

The provider must be able to evidence that people who use the service have a good quality of life. This must reflect service users' interests, needs and beliefs. The provider must ensure that there is sufficient staff support available to undertake assessments that assist service users to fulfil their potential and aspirations. Documentation must contain clear goals and outcomes when planning and delivering Care Plans. This is still ongoing and reported in the body of this report.

This requirement was made on 14 July 2015.

Action taken on previous requirement

Some basic progress has been made but insufficient to fully meet the requirement. This was discussed with the Manager for the service on 30/12/15.

Not met

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

Previous recommendations

Recommendation 1

Recommendation with reference to Theme 1, Statement 1:

The service should continue to develop and clearly document the systems in place for service user participation to be more inclusive and wide ranging. This should cover all aspects of the quality themes including Quality Assurance Processes.

This recommendation was made on 14 July 2015.

Action taken on previous recommendation

Some Care Plans showed residents' participation and action in various areas. For example, giving their opinions while interviewing new staff, chairing residents' meetings among other things. This needs to continue and expand. This recommendation has been met.

Complaints

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

There have been five complaints since the last inspection. One of those is ongoing with staff and management actively working with the complainant. Regular planning meetings with Social Work and Complaints take place. Two of the complaints, after discussion with the Complaints Officer, have withdrawn their complaint. The other two have been passed to the local Social Work Department for action.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
8 Dec 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
14 Jul 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

Date	Type	Gradings	
31 Oct 2014	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
22 May 2014	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
16 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
17 Jun 2013	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
4 Feb 2013	Unannounced	Care and support	Not assessed
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	Not assessed
19 Jun 2012	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	Not assessed
		Management and leadership	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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