

## Lomond View Care Home Service

The Pleasance  
Falkland  
Cupar  
KY15 7AR

Telephone: 01337 857521

Type of inspection: Unannounced  
Inspection completed on: 1 September 2017

**Service provided by:**  
Barrogil Limited

**Service provider number:**  
SP2004004455

**Care service number:**  
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.

All bedrooms have en-suite toilet and shower facilities. There are 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 were able to obtain the views of a number of residents and their relatives/visitors during the inspection and these are detailed below.

We spoke with 11 residents and gathered comments from two Care Standards Questionnaires. Most residents were happy with the standard of care provided and the caring attitude of staff, however, there were some concerns about the number of staff on duty and the need to wait for attention at times. Examples of comments received were:

- "Staff are very kind but they are too busy to sit and talk as they are always on the go"
- "No full-time staff nurse on duty - only agency nurses"
- "Not enough people in the laundry for number of residents in home"
- "No complaints at all...I really like this home"
- "I think the food is excellent"
- "I am not happy with a lot of the food"
- "Food is okay - it could be better...bland"
- "There is nothing wrong with the cleanliness in the home"
- "There are residents meetings and newsletters every two months"

We spoke with four visiting relatives and gathered comments from five Care Standards Questionnaires. There was general satisfaction with the standard of care provided and the feedback was very supportive of staff members and their professional and caring manner. However, there were concerns that there was not enough staff in the home and that the frequent use of agency staff meant there was a lack of continuity in care at times. Examples of comments received were:

- "The staff are very good"
- "We were very fortunate to find Lomond View...very impressed by the friendly atmosphere in the home"
- "Not enough staff, too many agency staff, high turnover of permanent staff"
- "Likes and dislikes are in the care plan, but not always taken into account"
- "Clothing - sometimes mixed up with other residents clothes"
- "Strong smell of urine in the sitting room and corridors"
- "Sometimes have to clean [relatives] room"

## Self assessment

The service had not been asked to submit a self-assessment prior to this inspection taking place. We were advised of the service's plans to improve the quality of care provision and how these may be taken forward. Advice was given to the service manager about possible ways of setting out the home's improvement plans.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

Staff were professional and caring in their approach to residents, however, their ability to deliver person-centred care, that reflected residents needs, routines and preferences, was limited by the number of staff and/or the way in which they were organised to provide care. Overall, staff were able to meet residents physical care needs, but found it difficult to spend meaningful time to interact with them and engage in activities (see Requirement 1 under "Quality of staffing").

A full-time activities co-ordinator was employed in the home and their positive input was acknowledged. Provision for wider social interaction and activity is an important factor in maintaining residents' well-being and we encourage further development of their skills to help enhance this. In doing so, efforts should also be made to support and encourage care staff to plan and organise activities at times when the activities co-ordinator is not on duty (see Recommendation 1).

Mealtimes were busy and could be better organised to make them a more relaxed and social experience. Residents were provided with appropriate assistance but they sometimes had to wait due to pressure on staff time.

We heard that the quality of food was variable and that the choice of alternatives was limited. Our observations confirmed this and we also found that more attention could be paid to the presentation of food to make it more appealing. We discussed possible ways to improve the mealtime experience for residents with the manager.

New care plans were being introduced and were more person-centred in their content. Hopefully, they will be implemented in a way that provides for clear assessment and review of individual need and direction to care staff in the delivery of personalised care. Their implementation will be followed up at the next inspection.

Residents and their representatives involvement in planning and reviewing care was seen, however, this was not consistent. This is important in helping to ensure that the needs and preferences of individual residents are reflected in the care and support provided to them (see Recommendation 2)

The standard of record-keeping in care plans was not consistent and there were instances where documents had not been fully completed or kept up-to-date. Similar issues were identified at the last inspection (see Previous Requirement 4). Accurate records are crucial in ensuring that care and support needs are properly met. Previous Requirement 4 has, therefore, been continued and is reproduced below as Requirement 1.

Residents health care needs were supported by good input from external health professionals, such as GPs, GP practice nurse practitioners and mental health liaison nurses.

## Requirements

### Number of requirements: 1

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 on-going 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 4(1)(a) and (b) - Welfare of users.**

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

## Recommendations

### Number of recommendations: 2

1. The service provider should ensure that approaches to care promote personal choice and help maintain and improve residents everyday living skills - e.g. 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 for Care Homes for Older People - Standard 6: Support arrangements**

2. The service provider should ensure that residents and/or their representatives are consistently involved in planning and reviewing care, and that their involvement is evidenced through, for example, signing care plan documents. Where it is not possible to involve residents and/or their representatives in care planning, this should be clearly identified. This will be followed up at the next inspection.

### **National Care Standards for Care Homes for Older People - Standard 6: Support arrangements**

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

The environment was generally well decorated, clean and in good order. Some dining areas, bedrooms and en-suite bathrooms needed more regular cleaning and strong odours were evident at times – although these were dealt with promptly. Similar issues were identified at the last inspection (see Previous Requirement 1). Previous Requirement 1 has, therefore, been continued and is reproduced below as Requirement 1.

The number of domestic staff was low at the time of inspection due to staff absence and an additional post was being advertised. Hopefully, matters will improve once the full complement of domestic staff is in place. This will be followed up at the next inspection.

The home should consider ways to make the environment more dementia-friendly. The use of appropriate colour schemes and signage would help people with dementia find their way around the home and locate bedrooms, dining rooms, toilets, etc. The use of the King's Fund Environmental Assessment Tool was discussed (see Recommendation 1).

Pleasant garden areas surrounded the building. Efforts had been made to make the garden more suitable and interesting for people with dementia through the use of raised plant beds and sensory plants. We encourage further development of this area.

Windows in rooms and public areas, which residents could access, had restrictor mechanisms that could be disabled without a key or specific tool. Residents were, therefore, at potential risk of opening windows and falling from height. The requirement for secure window restrictors needed to be assessed and action taken urgently. The manager informed us that the service provider had sought advice and would be fitting appropriate mechanisms promptly. We accepted these actions as reasonable and will require written confirmation when the work is completed (see Requirement 2).

We also found that doors to staff-only areas were left open, meaning that residents could access unrestricted windows and hazardous substances in these areas. The manager undertook to ensure that staff would lock these doors at all times.

Child safety gates were being used in some bedrooms to prevent unwanted access by other residents, while room doors were open. We were unsure about the suitability of these gates and asked the service provider to review their use and consider alternatives, using an appropriate risk assessment tool (see Recommendation 2).

### Requirements

#### Number of requirements: 2

1. 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 4 (1) (a) (Welfare of users), 10 (2) (b) (d) (Fitness of premises).**

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

2. In order to prevent falls from windows, the care service provider must undertake a review and risk assessment of window restriction in line with current guidance from the Health and Safety Executive, and make any necessary adjustments. The manager informed us, at inspection, that the service provider had sought advice and would be fitting appropriate mechanisms promptly.

**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**

**Timescale: Written confirmation of the completed works must be supplied to the Care Inspectorate by 30 September 2017**

## Recommendations

**Number of recommendations: 2**

1. 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 for Care Homes for Older People - Standard 4: Your environment**

2. 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 for Care Homes for Older People - Standard 4: Your environment**

**Grade: 4 - good**

## Quality of staffing

### Findings from the inspection

Staff were found to be caring in their approach to residents and provided good personal care. Service users and their relatives/carers also commented favourably on the staff employed in the home. We observed, however, that their ability to provide wider social support and meaningful interaction was limited, due to direct care commitments.

The service was trying to recruit nursing and care staff, and was also advertising for an additional domestic staff member. It was acknowledged that there were particular difficulties in recruiting nursing staff across the care sector and that the service was making attempts to deal with the issue. Meantime, agency staff were routinely used to cover shortfalls in care staff.

It was apparent that the service needed to continue its efforts to recruit staff and carry out a review of the way work is organised, in order to ensure that residents physical and wider social care needs can be met effectively (see Requirement 1).

Efforts should also be made to improve the amount of personal interaction between care staff and residents to help maintain and improve everyday living skills; and, to improve choice and involvement in social and recreational activities (see Recommendation 1 under "Quality of care and support).

Safer recruitment processes were checked and seen to be reflective of good practice in ensuring fitness for employment. Relevant staff were registered with the Scottish Social Services Council or Nursing and Midwifery Council.

Appropriate supervision and appraisal processes were in place to support staff members personal and professional development. Staff were positive about the training made available to them. This included care of people living with dementia and a commitment by the home to develop care staff to SVQ Level 3. The home had also trained a senior carer to become a health care assistant - this post would be used to support nursing staff. These measures have the potential to significantly improve staff knowledge and skills and enhance the care and support provided to residents.

The benefits of a key worker system were discussed in terms of a single point of contact for residents and their relatives/carers, and an aid to continuity of care. The manager stated that plans were in place to implement this.

## Requirements

**Number of requirements:** 1

1. 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.

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

Most of the staff we spoke with enjoyed working in the home. Staff members felt supported by the management team, through appropriate supervision and appraisal processes. They also had training and development programmes available, which were relevant to their role and the care and support needs of residents.

The manager advised that they were looking at different ways to engage with relatives and carers as attendance at relatives meetings had been poor. This would help develop relationships with relatives and carers, and could be used to gather ideas for improving the quality of the service. The service also recognised the importance of using the views of residents to drive forward positive changes in care provision.

The home was making links with the community, through contact with the local community council and church, and contact with other organisations, such as "Age Concern". Such links are important in helping to reduce residents isolation and encouraging social and physical activity.

Processes were in place to audit management and care-related documentation. During the inspection, a senior manager was auditing the implementation of the new care plans. This will hopefully assist in making the new care plans more person-centred and focused on helping staff deliver more individualised care and support to residents.

The service provider had developed a plan to improve service provision across the organisation and was in the process of rolling this out. The service acknowledged that it was facing a number of challenges in relation to staff numbers and skill mix and was trying to address this. This will be an important factor when setting out the service's own improvement plan and moving towards more person-centred care. As well as examining staff numbers and skill mix, it will be important to consider staff work routines and the way that care is organised in the home (see Requirement 1).

### Requirements

#### Number of requirements: 1

1. The service provider must further develop its service improvement plan to ensure that the service can improve the quality of care provided in a planned and structured way. The improvement plan must include details of:

1. What areas need to be improved
2. What the desired outcomes will be for residents
3. How the improvements will be made
4. When the improvements will be implemented
5. Who will be responsible for making the improvements

**This is 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.**

**Timescale: A copy of the proposed improvement plan must be submitted to the Care Inspectorate by 1 November 2017. Following this, regular updates on progress will be required by the Care Inspectorate, as identified through on-going communication.**



## 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 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 4 (1) (a), 10 (2) (b) (d) and takes account of the National Care Standards, care homes for older people, standard 4 – Your environment.

Timescale: To commence on receipt of this letter and be fully implemented within four weeks.

**This requirement was made on 3 November 2016.**

### Action taken on previous requirement

We found that there were still some issues in relation to cleanliness in the home. These are identified in this report under "Quality of environment".

This requirement has, therefore, not been met and has been continued as Requirement 1 in this report under "Quality of environment".

**Not met**

### Requirement 2

The provider must be able to demonstrate that suitably qualified and competent persons are working in the care service in such numbers as are appropriate to meet the health, welfare and safety of service users.

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 15(a) – requirement about staffing. Reference is also made to the National Care Standards, standard 5 – Management and staffing arrangements.

**This requirement was made on 3 November 2016.**

## Action taken on previous requirement

Issues related to staffing continue within the home. These are identified in this report under "Quality of staffing".

This requirement has not been met. Due to the similarity with Previous Requirements 7 and 8, these requirements have been combined, in this report, into Requirement 1 under "Quality of staffing".

## Not met

### Requirement 3

The provider must continue to comply with the existing staffing schedule until such time an application to vary has been fully submitted and granted. The number of persons working in the care service must be appropriate for the health and welfare of service users.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments SSI 2011/210 regulation 15(a) - requirement about staffing.

Timescale: to start within 24 hours and be completed 48 hours of receipt of this letter.

**This requirement was made on 28 September 2016.**

## Action taken on previous requirement

An issue was identified on the first day of this inspection, where it had not been possible to obtain cover for one of the day shift registered nurses. We were satisfied that the home had taken reasonable steps to obtain cover and that the shortfall was through no fault of the home on this occasion. We accepted that, outwith this situation, the home was complying with the staffing schedule and took the view that the requirement has been met.

We do, however, continue to have concerns regarding staffing within the home - these are detailed in this report under "Quality of staffing".

## Met - within timescales

### Requirement 4

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 3 4 (1)(a), (b) and takes account of the National; Care Standards, Care Homes for Older People, standard 6 - Support arrangements, standard 8 - Making Choices, standard 145 - Keeping well healthcare, standard 17 - Daily life.

**This requirement was made on 11 January 2017.**

## Action taken on previous requirement

A new care planning system was being introduced within the home. This was more person-centred and seen to be an improvement on the previous model of care planning. How effective this will be in terms of directing care delivery and reviewing care needs remains to be seen.

This requirement has, therefore, not be met and has been continued as Requirement 1 in this report under "Quality of care and support".

**Not met**

## Requirement 5

The service does not implement their policy on the frequency of supervision/support meetings for staff to reflect on practice and discuss their performance in delivering care and support. This means that the manager is unable to ensure that at all times suitably competent persons are working in the care service. The service must ensure that staff employed in the delivery of care and support have their skills monitored and evaluated, at least in line with the company policy.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 15 (a) Staffing

Timescale: within 2 weeks of receipt of this report.

**This requirement was made on 11 January 2017.**

### Action taken on previous requirement

Evidence of suitable staff support and supervision was seen at this inspection. This requirement has, therefore, been met.

**Met - within timescales**

## Requirement 6

The provider must ensure that formal audits are supplemented by regular monitoring and evaluation of care needs and the actions needed to maintain health and wellbeing for individuals.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 4(1)(a)

Timescale: within one month of this report.

**This requirement was made on 11 January 2017.**

### Action taken on previous requirement

Appropriate formal audit processes were seen at this inspection. The introduction of new care plans was also being audited by a senior manager, which is a positive step in helping to ensure that they are fit for purpose.

This requirement has, therefore, been met.

**Met - within timescales**

## Requirement 7

The provider must be able to demonstrate that suitably qualified and competent persons are working in the care service in such numbers as are appropriate to meet the health, welfare and safety of service users.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 15(a) - requirement about staffing.

Reference is also made to the National Care Standards, standard 5 - Management and staffing arrangements.  
Timescale: within one month of this report.

**This requirement was made on 11 January 2017.**

## Action taken on previous requirement

Issues related to staffing continue within the home. These are identified in this report under "Quality of staffing".

This requirement has not been met. Due to the similarity with Previous Requirements 2 and 8, these requirements have been combined, in this report, into Requirement 1 under "Quality of staffing".

**Not met**

## Requirement 8

This requirement was identified following an investigation into a complaint.

The provider must be able to demonstrate that suitably qualified and competent persons are working in the care service in such numbers as are appropriate to meet the health, welfare and safety of service users overnight.

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 15(a) - requirements about staffing.

Reference is also made to the National Care Standards, Standard 5 - Management and staffing arrangements.

Timescale: to start within 24 hours. The provider must submit evidence to the Care inspectorate to demonstrate how this requirement has been met within one month.

**This requirement was made on 13 July 2017.**

## Action taken on previous requirement

Issues related to staffing continue within the home. These are identified in this report under "Quality of staffing".

This requirement has not been met. Due to the similarity with Previous Requirements 2 and 7, these requirements have been combined, in this report, into Requirement 1 under "Quality of staffing".

**Not met**

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

### Previous recommendations

#### Recommendation 1

Suitable options for those needing a soft diet should always be an available choice for people.

National Care Standards, Care Homes for Older People, standard 13, Eating Well.

**This recommendation was made on 11 January 2017.**

#### Action taken on previous recommendation

We found no issues at this inspection, in relation to making soft diets available to people who needed this.

### Complaints

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

### Enforcement

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

### Inspection and grading history

Date	Type	Gradings	
6 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
23 Mar 2017	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate

Date	Type	Gradings	
12 Dec 2016	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 5 - Very good 4 - Good 3 - Adequate
21 Apr 2016	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 5 - Very good
10 Nov 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 4 - Good
23 Apr 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
4 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
30 Oct 2014	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate 2 - Weak
10 Sep 2014	Re-grade	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate 2 - Weak
13 Jun 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good

Date	Type	Gradings

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