

Leuchie House Care Home Service

Leuchie House
North Berwick
EH39 5NT

Telephone: 01620 892864

Type of inspection: Unannounced
Inspection completed on: 17 August 2017

Service provided by:
Leuchie

Service provider number:
SP2011011585

Care service number:
CS2011289688

About the service

Leuchie House is registered as a Care Home providing a short break and respite service. It is run by an independent charity, governed by a Board of Trustees. The service is set in extensive pleasant grounds just outside of North Berwick town in East Lothian.

Leuchie House can accommodate up to 23 guests in eight double rooms and seven single rooms. There is separate accommodation available for carers.

The staff team provides 24 hour specialist nursing care and in-house physiotherapy. This is supported by designated activity staff who offer a variety of services to guests through a full programme of outings and activities. Additionally, beauty and complementary therapies can be accessed.

Leuchie House describes themselves as a unique service and its aims are "to enhance the quality of life for those people affected by long-term physical disability by providing high quality respite in a non-clinical setting, with a dedicated team of professionals to support the needs of guests and carers."

What people told us

At the time of this inspection there were 18 people using the service. We spoke with most of the guests and carers. Our discussions with guests told us how valuable the service was to them and how they looked forward to coming back. It gave them the opportunity to leave their daily routine and to enjoy the surroundings that the service had to offer. Guests were particularly complimentary about staff.

Guests told us that the service could be improved if there were more outings and more staff to provide assistance when they needed it.

We used the SOFI 2 (a short observational framework for inspection). It helps capture the experiences of people using the service who may not be able to express this for themselves.

We received 24 responses to 50 questionnaires sent before the inspection. Everyone told us they were happy with the quality of the service provided at Leuchie House. They were confident that the information gathered, before and on admission for respite, helped staff to deliver the care that they needed.

Six people out of the twenty-four respondents told us they thought that the service could do with more staff and commented about care needs. Comments included:

Sometimes I have to wait a long time before going to bed.

Sometimes there is a considerable wait to get assistance with toileting but this is inevitable when there are a lot of guests all with high needs.

And one person commented that they would like additional recreational trips.

Self assessment

We did not ask the service to submit a self assessment before this inspection. However, we considered the content of the last self assessment submitted prior to the last inspection completed on 1 November 2016.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We saw very kind and caring interactions between staff and guests. We saw staff, including administration staff, support people to send postcards or make calls to family. This was important to guests.

People who used the service told us they were very grateful for the short breaks provided and this enhanced their quality of life. However, we did not always see that the care and support needs of guests were fully met.

Our observations showed that outcomes for guests were not always positive and did not make sure that the risks to people were minimized. For example, there was a lack of supervision and interaction in lounge areas. Staff were not available to meet some basic needs such as providing a guest with a drink when they were asking for this, repositioning and a request by one person to be assisted to their room for a lie down was not answered for an hour.

Whilst we accept that the service gathers information prior to admission, care files of some people did not evidence that pre-admission information was sufficient with relevant comprehensive information to inform any care to be given. We were concerned that the care planning and assessments were limited and/or incomplete and did not always capture the needs of individuals on admission. For example, assessments for the risk of the development of pressure ulcers did not always take account of the risk factors for individuals who had sensory loss. Changes in skin conditions did not always result in a review of the risk assessment.

Staff used a care summary which gave them information on the guests. Some crucial details were missing which were important to help staff deliver care and keep people safe. Individuals who were prone to conditions that could potentially have serious consequences, did not have guidance for staff to follow. For example, what they should do in the event of an adverse health event. We have made a requirement for improvements to care records to help ensure staff have the most up to date guidance on how to support service users.

See Requirement 1.

Family members and carers are able to accompany guests for a short break at Leuchie House. To support the service keep all guests safe and secure it is important that specific policies are in place and that staff are aware of these. These refer in particular to 'Adult support and protection' and 'Child protection'. Staff were given Adult support and protection as part of their induction and through ongoing mandatory training. We were concerned that the policy staff were directed to was not up to date and did not make reference to the local guidelines. This means the correct procedure may not be followed and the appropriate actions taken to protect people. It was reassuring that the provider advised us they were to review this policy.

We did not see a copy of the Child protection policy but the provider confirmed this was in place. Child protection was not included in the training records. We were concerned that staff may not be guided in what Child protection means and how they should respond. We will look at the protection policies and practice at the next inspection.

It is important that information is given to visiting guests who are accompanying their relative. This is so they are aware of the areas of the home that can be used and accessed by them. There was no clear signage to indicate areas for guests only. Having this signage would help maintain the privacy of guests and ensure that areas of the home where chemicals or confidential information is stored is not accessed by visitors.

Whilst we identified some strengths in care and support we found areas for improvement in assessment of needs of guests and care planning that are constraining the performance of the service.

Requirements

Number of requirements: 1

1. The provider must make sure that guests are safe, and that their health and welfare needs are taken care of. In order to do so, the provider must ensure that:
 - a) Care plans contain information that is current, detailed and specific to the needs of the individual guest.
 - b) Risk assessments are fully and accurately completed to help develop a care plan. They must be updated when there is a change in guest's circumstances, such as changes in health or at each respite admission.
 - c) Information from the care plans must support staff deliver the necessary daily care for each individual.

This is to comply with Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011 (SSI 2011/210), Regulation 4 (1) (a) proper provision for the health, welfare and safety of service users.

Consideration should also be given to the National care standards, short breaks and respite care, Standard 4 - Positive experiences, Standard 6 - Individual agreement and Standard 9 - Feeling safe and secure. Timescale; for completion by 31 October 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

Findings from the inspection

People told us about the positive aspects of the environment. This was, the spacious accommodation and pleasant gardens where they could often see wildlife.

We saw that bedrooms were clean and tidy with very clean, fresh and inviting linen.

However, there were areas of the home that needed to be cleaned including the sluice areas, showering mats and equipment. These had the potential to be an infection control hazards.

Cleaning schedules were not detailed and signs stated areas had been deep cleaned despite our findings.

We shared a summary of findings with the chief executive on the first day. This set out areas of improvement needed in order that these could be addressed promptly.

Requirement 1

Safety checks of the alarm call system and gas safety were recently completed. Maintenance of equipment, such as hoists, and slings could not evidence that these were fit and safe for use and it was concerning that feedback, to the provider, from guests had raised issues of broken or unavailable items. There was an inventory of specialist equipment which must be checked in line with LOLER requirements. (Lifting Operations and Lifting Equipment Regulations 1998). We could not cross reference with the records maintained in the home that all items were checked and 'fit for use'. We made suggestions to the administrator as to how the recording of safety checks could be improved and she agreed to follow this up.

Requirement 2.

We were concerned that privacy curtains, used to ensure that people could not be seen when sharing a bedroom, were often loose fitting or could not fully close. It was positive that this was being rectified during the inspection.

We had concerns about unlocked sluice areas and access to cleaning supplies and chemicals. This meant that anyone had access to harmful products. The provider had taken positive action to rectify this situation.

The environment and current practice have the potential to place people at risk. We have made requirements for improvement and we have reflected our concerns in the grade.

Requirements

Number of requirements: 2

1. The provider must ensure that the environment is safe and service users are protected and that the accommodation is fit for use. In order to achieve this they must:

- a) Ensure that there is a review of the environment to determine what, by whom and when cleaning takes place.
- b) Ensure that effective cleaning regimes are implemented in the home and there is a system to monitor the cleanliness.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210, Regulation 3 Principles, Regulation 4 1 Welfare of users and Regulation 14 Facilities in care homes. Consideration should also be given to the National care standards, short breaks and respite care, Standard 9, Feeling safe and secure.

Timescale for completion: To commence on receipt of this report and for completion by 31 October 2017.

2. The provider must ensure that all equipment used in the home is safe for use to ensure the safety of residents. In order to achieve this, the provider must:

- a) Devise a detailed inventory of all equipment in the home.
- b) Maintain a record of the maintenance of any equipment used in the provision of care ensuring that this is checked and fit for use including equipment under LOLER regulations.
- c) Ensure that there is a clear records of removal of items that are 'not fit to be used'.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(d) - a regulation regarding the welfare of service users, and Regulation 14 - a regulation regarding facilities in care homes.

Consideration should also be given to the National care standards, short breaks and respite care, Standard 9, Feeling safe and secure.

Timescale: to be implemented by 31 October 2017.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

Despite working hard, staff were unable to provide a good standard of care, we assessed that there were insufficient staff in numbers to be able to deliver the care needed.

The management recognised that their dependency tool which was used to calculate the numbers of staff needed to deliver care needed to be reviewed. The hours allocated for direct care for individuals did not reflect the care needs they had.

We directed the service to other examples of 'tools' that they could consider using and advised the need to take account of what people were saying, observations and audit of care delivery and the layout of the building.

We discussed duty rotas and how these did not always show that staffing levels covered their assessments of dependency of residents. The provider sent further examples of rotas which remained unclear. It is important that information is clear and can be easily audited.

We will review this at the next inspection.

During inspection, we found that staffing levels were not in line with the staffing schedule as set out in the conditions of registration for the service. For example, where there should be two registered nurses (RN) on duty, there was one. The service had 'up skilled' some staff to senior roles so that they were able to take on duties formerly the responsibility of the RN. Whilst we acknowledged and would encourage this, any changes in the staffing arrangements must be done and agreed through the regulatory process.

Day care guests were also based in the short break service and were able to access all of the facilities. We did not see that they were included in any overall assessment of the staffing levels needed in the home. However, we were informed that there was a designated staff group who assisted these guests, mainly 'engagement staff'. We did not see that this was always the case and this added to pressures on an existing stretched staff group.

Overall, the service was not effective in providing the levels and skill mix of staff in line with regulations and we could not be confident that the right staff were there when guests needed them. **Requirement 1.**

The provider clarified the role of care assistant and general assistant. General assistants were not included in the duty rota when making assessments of direct care hours needed in the service. It was evident that both groups of staff carried out direct care duties and therefore must be registered with the regulatory body. (Scottish Social Services Council). We found that not all staff who required to be registered were and have made a requirement in this area. **Requirement 2.**

Staff were positive about the week of training events that they had yearly. They told us about manual handling, infection control and adult protection training as well as tutorials and events to provide information on complex conditions. Peer review and competency assessments were also used to support learning.

However, there were aspects of staff training that needed to be improved. Training records showed gaps and did not clearly show what was deemed to be mandatory training and did not fully capture additional training that would help staff support guests. Practice observed during the inspection indicated that staff competencies in some areas should be reviewed to ensure that learning from training is put into practice. **Requirement 3.**

Requirements

Number of requirements: 3

1. The provider must demonstrate proper provision for the safety and welfare of guests is made. In order to achieve this provider must:

- a). Ensure that the conditions of registration are adhered to relating to the staffing schedule.
- b) Where there are any changes needed regarding the skill mix of staff, this must be completed through the regulatory process.
- c). Ensure that at all times suitably qualified, skilled and experienced staff are working in the short break service in such numbers as are appropriate for the health and welfare of guests.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210 regulation 4, Welfare of users and regulation 15(a) Staffing.

Timescale: To commence on receipt of this report and for completion by 31 October 2017.

2. The provider must demonstrate proper provision for the safety and welfare of guests in respect of staff working in the service.

In order to achieve this provider must:

- a) Review and update existing records of staff registration to make sure these are in date and accurate.
- b) Support staff, who are working in the service and fall into the category where they must be registered, to become registered.
- c) Maintain comprehensive records to demonstrate that staff are registered and that renewal dates can be readily identified at any given time.

This is in order to comply with:

SSI 2002/114 Regulation 13(c)(i) - a requirement about maintaining records.

National Care Standards, short breaks and respite, Standard 5 - Management and Staffing Arrangements.

SSSC Codes of Practice for Employees Section 6.1 and SSSC Codes of Practice for Employers Section 2.1, 2.2, 3.1.

Timescale: To commence on receipt of this report and for significant progress to be made by 31 October 2017.

3. The provider must ensure that all staff are suitably trained for the work they are to perform. In order to do so, the provider must:

- a) Review training needs for the staff members to show if any training is out of date and, if so, devise a plan to show how this will be provided.
- b) Review staff competency to confirm that staff put their learning from training events into their daily practice.
- c) Maintain accurate, clear records to identify when any training is due for staff members at any given time.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 15(b) - a regulation regarding staffing.

Consideration should also be given to the National Care Standards, short breaks and respite care, Standard 5 - Management and Staffing Arrangements.

Timescale: To commence on receipt of this report and for significant progress to be made by 31 October 2017.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

To assess this quality theme we took into account our findings throughout this inspection, audit systems used in the home and the service improvement plan.

Leuchie House have their own quality assurance system - 'Five Star Philosophy' which sets out their aspirations and takes account of people's views of the service and how the service can develop to enhance the experience for everybody. However, we found that the system was not always effective at leading to improvements in the service. For example, records which helped identify where improvement was needed were not always signed off to show that actions had been taken and were completed. Additionally, information in accident/incident reports were not fully completed and therefore did not guide staff in any changes to the care they were to provide and/or to make changes to care plans if necessary.

We found that information gathered and analysed by the provider conflicted with our findings. For example, the audits carried out did not identify issues in respect of the environment, care plans or pressure care.

Requirement 1.

Whilst people gave their views about their experience of the short break service at the end of their stay, some told us that they did not know about making a complaint. There was no complaint policy displayed or easily accessible. The service kept a record of complaints, however, there was no log numbered and sequenced with records of investigation and outcomes. It was confirmed that records had been reviewed to now include this information. At feedback the provider told us that the complaint procedure is now displayed in the home and confirmed that each prospective guest is sent a copy of this prior to taking a break.

During inspection we noted that the registered nurse on duty was busy dealing with medication and this limited their ability to provide leadership and direction to staff 'on the floor'. These skills are important to make sure that care is delivered as required and we acknowledge the steps taken by the provider to address the issues relating to recruitment of nurses. This and actions taken in respect of the requirements made in quality theme, staffing may help address this issue.

Requirements

Number of requirements: 1

1. The provider must demonstrate that there is a system in place for auditing the quality of the short break service and these are fully and effectively implemented. These audits must include but should not be limited to:
 - a) Development and implementation of care plans and associated records.

- b) Management of daily care and record keeping.
- c) Management of cleaning, maintenance and safety of the premises.
- d) Staff training.
- e) Staff registration.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 3 - a regulation about principles and regulation 4 (1) (a) - a regulation regarding the welfare of service users.

Timescale: to be implemented by 31 October 2017.

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

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

There should be detailed information stored on the I.T handheld devices about each person's support needs, preferences of support and outcomes of their stay to ensure consistency of support.
National Care Standards, Short Breaks and respite care service for adults, Standard 5, Management and staffing.

This recommendation was made on 1 November 2016.

Action taken on previous recommendation

The provider has reviewed the use of handheld devices and have reverted to paper documents.
This recommendation has been removed.

Recommendation 2

There should be a review of staffing numbers in the evening to ensure that everyone staying at Leuchie House received care based on their individual preferences.

National Care Standards, Short Breaks and respite care service for adults, Standard 5, Management and staffing.

This recommendation was made on 1 November 2016.

Action taken on previous recommendation

The provider has reviewed the staffing needs in the evening and have recruited staff to work twilight shifts.

This recommendation has been met.

Recommendation 3

There should be further development of scheduled training to include topics relevant to the people supported

.This would include but not be limited to, Dementia,

Motor neurone disease, Huntington's, Parkinson's, Stroke and communication methods.

National Care Standards, Short Breaks and respite care service for adults, Standard 5, Management and staffing.

This recommendation was made on 1 November 2016.

Action taken on previous recommendation

This recommendation has been incorporated into a requirement in quality theme - Staffing.

This has been removed.

Complaints

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

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
1 Nov 2016	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed

Date	Type	Gradings	
2 Sep 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
23 Sep 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
18 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
8 Aug 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
17 May 2012	Announced (short notice)	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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