

# Leys Park Care Home Care Home Service

Leys Park Road  
Dunfermline  
KY12 0AB

Telephone: 01383 723 790

Type of inspection: Unannounced  
Inspection completed on: 8 December 2017

**Service provided by:**  
St Philips Care Limited

**Service provider number:**  
SP2003003516

**Care service number:**  
CS2004085047

## About the service

Leys Park is a large, two storey, older building set in private grounds, and is centrally located in Dunfermline. The care home is a former hospital and is registered to provide care for up to 66 people. The manager had overall responsibility for the day-to-day running of the home and the supervision of staff. The home has three units, Ardross, Earshall and Pitreavie. Pitreavie is designated as being specifically for people who have dementia.

The service's mission statement stated:

"It is our aim to provide a high quality service provision in all our Care Facilities through ongoing audit, assessment, action planning, implementation and evaluation. To our organisation 'quality care' means customer satisfaction and therefore our care provision is Person Centred and monitored through Satisfaction Surveys. We ensure that our staff are empowered to achieve the required standards by our commitment to training, appraisal and development.

Our Service Users are encouraged to maintain their preferred lifestyle in their new home environment. We support residents' choice, freedom, dignity, independence and participation in planning their individual care needs.

Our aim is to meet the needs of the whole person, physically, psychologically, socially, sexually and spiritually by promoting independence of our Service Users whilst maintaining a safe environment for all".

## What people told us

We asked the views of people using the service and their families by sending out 20 questionnaires. We received one completed questionnaire which said that the person completing it had confidence in the care and in the staff and was keen to see the proposed improvements to the environment of the home take place.

During the inspection we spoke to residents who told us:

"Lovely staff, very pleasant, very helpful. Food is usually good, I've no complaints - you are treated well here";

"The food is ok but I would like some more variety and better quality"; "I'm very settled here and enjoy the banter with care staff"; "They'll have to carry me out of here. God willing I will be here until the end of my days".

We spoke with one relative who told us:

"I've no complaints. It works well for us".

As part of the inspection we observed residents who were unable to share their opinions directly because dementia had affected their ability to tell us their views. We saw staff work well with residents to meet their needs, but our observation showed that some staff would benefit from training to help them better understand the impact of dementia on people's social interactions and communication. We shared our findings with the manager who will include this in the training plan for staff.

## Self assessment

We have not asked services to complete a self-assessment this year. We considered the service's own improvement plan as part of this inspection.

## From this inspection we graded this service as:

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

## Quality of care and support

### Findings from the inspection

We saw warm interactions between staff and residents and staff appeared to know residents well. Residents had confidence in the staff who supported them and were positive about the care provided.

Personal plans were used to assess, evaluate and review each resident's care. Plans included risk assessments for areas of care such as nutrition, weight, risk of falls, oral care and risk of skin damage as a result of pressure. The service had introduced an electronic care planning system which staff could refer to and which they updated after providing each resident's care. The system was not yet fully in place for all residents, but this was expected to be completed within a few weeks. Staff told us they liked the new system, although some staff felt more confident than others. Improvements to care plans were identified at the last inspection which included providing more information about each person's history, and their personal preferences. We expect these to be introduced as part of the new electronic care planning system, and will review progress at the next inspection. We made a recommendation about this at the last inspection and have repeated it because not enough progress had been made.

People received their medication as prescribed and medication was generally recorded appropriately. We discussed some improvements with the manager, who will introduce regular checks and audits to ensure medication is managed safely and correctly.

Residents and staff commented that meals and menus could be improved, although people did make positive comments about the food. The manager had planned work with kitchen staff on developing menus with more choice and better nutritional content. Showing residents their food on a plate helped them to make choices at mealtimes.

The manager had introduced daily 'flash meetings' to keep staff up to date with important changes to residents' care. For example, if any residents had fallen, this was discussed at the flash meeting. The manager told us about how she planned to improve how falls were managed in the home, including using specialist assessments and a 'falls cross' to monitor when and where these happened.

There was a range of activities available for residents, but these were not yet linked to people's personal plans with an activities profile and their preferences. We could see however that activities staff were keen to develop new ideas for improving the availability of activities for all residents. At the last inspection we made a recommendation about activities, which we have repeated.

Although we identified some areas where the service needs to improve, we found overall that people received a good quality of care and support from an experienced staff group.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The provider should ensure that activities are recorded, assessed and regularly reviewed and provided in line with people's needs and preferences. This should include greater opportunity for residents to be more involved in their local community.

National Care Standards Care Homes for Older People Standard 17 - Daily Life.

2. The provider should ensure that personal plans are outcome-focussed and personalised. They should include details of each person's life history, past and present wishes, likes and dislikes and the activities in which they want to be involved.

National Care Standards Care Homes for Older People Standard 6 - Support arrangements.

**Grade:** 4 - good

## Quality of environment

### Findings from the inspection

The care home premises are a former hospital and poorhouse, and some parts of the building require to be upgraded. Prior to the inspection, residents, staff and visitors to the care home had expressed concerns about the quality of the environment, some of which included complaints to the care inspectorate. The heating and hot water system had suffered breakdowns on several occasions, and a temporary system had been put in place while work was being carried out to replace the old boilers. Areas of the home had been too hot or too cold, but staff had acted to ensure that the impact on residents was reduced by providing extra heating or ventilation. The difficulties with the temporary system had been resolved by the end of our inspection.

The care home is large and has several lounges and spaces for residents to sit, dine or gather together. Some areas were bright and clean and provided a pleasant area for people living there. Other areas of the home, particularly corridors and hallways, were in need of upgrading and, for example, threadbare carpets needing to be replaced. Some corridors had poor lighting, and fading paintwork. There were signs around the home to help people know how to find the bathroom, or to identify their bedroom, and the previous posters on the walls of some corridors showing first aid or resuscitation of "patients" had been removed. Residents bedrooms were personalised, and most people had good-sized comfortable rooms. Bedrooms were clean and resident's clothes and personal belongings were well cared for. Call bells and alert systems were in place to summon staff. There was a cleaning schedule in place and the manager had introduced a regular audit to ensure that all areas of the home were kept clean.

Maintenance checks were being completed and checks on lifting equipment were carried out by an external contractor in line with legislation.

The provider of the service had submitted an action plan to the care inspectorate, following a complaint, setting out how the building, grounds and interior will be improved. We expect this will considerably improve the living space for residents, and will work with the provider to help tailor the improvements to meet the needs of residents, including those with dementia. Because we have received an action plan from the provider about this, we have not made any further requirements or recommendations about the environment.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

Staff were caring and enthusiastic and told us that they had found the new manager to be supportive. Care workers had a good level of knowledge about the residents they cared for.

We had identified at the last inspection that the whole staff group would benefit from training in key areas of care, for example, people who have dementia, or supporting people with continence. This had not yet taken place. We discussed this with the new manager who agreed with our view that this training is essential to ensure that all staff have a good understanding of the differing needs of residents. The manager was identifying 'champions' to act as points of additional knowledge and support within the staff team, as well as specific training for all staff. We will review progress on this recommendation at the next inspection.

Staff had not been receiving regular supervision. Supervision helps to support staff and keep their skills and practice up to date. The manager had recognised that supervision had not been carried out and had introduced a schedule and checks to monitor this.

When we looked at recruitment, although we saw improvements in the systems for appointing staff since the last inspection, we found examples where best practice guidance had not been followed in the way we expect. This had happened prior to the new manager coming into post, and we felt confident that the manager would ensure proper checks were carried out for all future appointments of staff. Because we made a recommendation about this at the last inspection, we have repeated it here and will look at progress at the next inspection.

Staff on night duty were concerned that there were not always enough staff deployed in the busiest areas of the home during the night. The manager planned to review staffing on night duty to ensure that residents' needs are met. There were occasions during the day when it appeared that no staff were available to attend to residents, although there were enough staff in the building. The manager will look at how staff use their time, and when they take breaks, so that residents can be confident that there is always someone available if needed.

During the inspection we observed some institutional staff practices, which usually develop over time when staff do not receive good quality support and supervision. These typically relate to completing tasks which need to be

done, rather than thinking about each resident as having their own individual needs and preferences. When we discussed this with the manager, we were reassured that staff would receive the right support to maintain good practice in line with professional care values.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The provider should ensure that all care staff have training in dementia to the 'skilled' level, or its equivalent, in line with the SSSC's Promoting Excellence framework. This will help staff to have a good understanding of the needs of people with dementia when they are supporting and caring for people living in the care home.  
National Care Standards Care Homes for Older People, Standard 5 - Management and staffing arrangements.

2. The provider should ensure that when it recruits staff, it follows the guidance in "Safer Recruitment through Better Recruitment" (Scottish Government, 2016). This will help to ensure that all staff who are employed in the care home are fit to work with vulnerable people.  
National Care Standards Care Homes for Older People, Standard 5 - Management and staffing arrangements.

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

A new manager had recently been appointed following a period where there had been several changes in the management team. The changes in management had disrupted progress on the improvements which we had identified at previous inspections, and the life of the home in general.

Staff were very positive about the impact of the new manager, and expressed confidence in her approach to improving the service and providing support to staff to enable them to do their jobs well.

The manager had introduced systems and processes to monitor and improve the quality of the service, for example, audits with action plans which were followed up to make sure they were completed. We could see that the manager was building a good oversight of the service in a short period of time. From our discussions with the manager, we felt confident in her ability to build an ethos of compassionate care within the service through working with the staff team to develop their skills and knowledge.

## Requirements

**Number of requirements:** 0

## Recommendations

Number of recommendations: 0

Grade: 4 - good

## 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 that it carries out a review of each resident's care and support plan at least every 6 months, or following a change in a person's circumstances. The resident or their representative, and family members who the resident wants to be involved, should be invited and a minute of the meeting should be made available to everyone who has attended.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2010/210 Regulation 5(1)- Personal plans.

Timescale for meeting this requirement: 31 July 2017.

**This requirement was made on 13 December 2016.**

#### Action taken on previous requirement

We could see that reviews were either completed or were scheduled to be completed, and that the manager had a plan in place to ensure reviews would be carried out.

**Met - outwith timescales**

#### Requirement 2

The provider must ensure that the care home is fit for use. The provider must submit a comprehensive environmental improvement plan to the Care Inspectorate, which includes the fabric, furnishings and decoration of the care home. The improvement plan must take account of the needs of people living with dementia.

**This requirement was made on 7 September 2017.**

#### Action taken on previous requirement

We have received an environmental improvement plan from the provider, setting out substantial improvements to the home and its surroundings. We will work with the provider to ensure that the refurbishment of the home meets best practice guidelines for older people, particularly those with dementia and other long-term health needs.

**Met - outwith timescales**

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

### Previous recommendations

#### Recommendation 1

The provider should ensure that personal plans are outcome-focussed and personalised. They should include details of each person's life history, past and present wishes, likes and dislikes and the activities in which they want to be involved.

National Care Standards Care Homes for Older People Standard 6 - Support arrangements. To be completed by 31 July 2017.

**This recommendation was made on 13 December 2016.**

#### Action taken on previous recommendation

This recommendation was made at the previous inspection. It was made because personal plans did not contain information about each resident's life history, and detail of their personal preferences about how their care should be provided. At this inspection we found that work had begun to identify people's life stories, but was not completed and incorporated into their personal plans in the electronic system. We will follow this up at the next inspection.

#### Recommendation 2

The provider should make changes to the home's environment which will improve the experience for people with dementia who live there. The provider should use the King's Fund Tool to identify the improvements, which should include actions like:

personalising residents' doors to make them more easily identifiable for each resident, improve signs and that ensure light switches and door handles contrast with their surroundings to make them more visible. This will improve residents' ability independently to move around in their environment.

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

**This recommendation was made on 13 December 2016.**

#### Action taken on previous recommendation

We made this recommendation at the last inspection, which was focussed on standards of care people living with dementia. The care home has completed an audit using the Kings Fund tool and has made some improvements to Pitreavie unit. The home has an environmental improvement plan and intends to make substantial improvements to the fabric and furnishings of the care home.

#### Recommendation 3

The provider should ensure that activities are recorded, assessed and regularly reviewed and provided in line with people's needs and preferences. This should include greater opportunity for residents to be more involved in their local community.

National Care Standards Care Homes for Older People Standard 17 - Daily Life.

**This recommendation was made on 13 December 2016.**



**Action taken on previous recommendation**

We made this recommendation at the last inspection. We found that although there were a good range of activities on offer for residents, they were not linked to residents' personal plans and their individual preferences for activities. At this inspection we found that the activities staff were keen to develop activities but that these were not linked to people's personal plans, so there was no way to evaluate if people were as involved as they could be in activities they chose. We will review this at the next inspection.

**Recommendation 4**

The provider should ensure that all care staff have training in dementia to the 'skilled' level, or its equivalent, in line with the SSSC's Promoting Excellence framework. This will help staff to have a good understanding of the needs of people with dementia when they are supporting and caring for people living in the care home.

National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

**This recommendation was made on 13 December 2016.**

**Action taken on previous recommendation**

We made this recommendation at the previous inspection because we found that although staff working in the Pitreavie unit had a good understanding of dementia, other staff within the home were less knowledgeable about the needs of people living with the condition. We thought it was essential that all staff in the care home had a good understanding of the needs of people living with dementia. At this inspection we found that dementia training had taken place for some staff. The manager will ensure that dementia training using the Promoting Excellence material is provided to all staff.

**Recommendation 5**

The provider should ensure that when it recruits staff, it follows the guidance in "Safer Recruitment through Better Recruitment" (Scottish Government, 2016). This will help to ensure that all staff who are employed in the care home are fit to work with vulnerable people.

National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

**This recommendation was made on 13 December 2016.**

**Action taken on previous recommendation**

We made this recommendation at the previous inspection because we found that the care home was not fully checking the suitability of applicants through following best practice guidance. At this inspection, when we looked at the recent recruitment of staff we found that proper recruitment processes had been followed in most cases, but we still found examples where the home had not been sufficiently rigorous in checking people's suitability to work in the home. We reiterated the importance of following the guidance in "Safer Recruitment through Better Recruitment" (Scottish Government, 2016) to ensure that all staff employed in the care home are fit to work with vulnerable people. We will check on this again at the next inspection.

**Recommendation 6**

The care home environment should be odour free and pleasant for residents' and visitors' use.

**This recommendation was made on 3 October 2017.**

## Action taken on previous recommendation

This recommendation was made following a complaint about the service. The manager has developed a cleaning schedule which will be signed off each week and will carry out daily walk round of units to identify any domestic attention required.

## Recommendation 7

People living in the care home should be helped to manage their continence needs in a dignified and timeous manner.

**This recommendation was made on 3 October 2017.**

## Action taken on previous recommendation

This recommendation was made following a complaint about the service. The manager is appointing continence champions in each unit of the home, will review the continence needs of all residents, ensure their care plans reflect the level of support they require, and has arranged for training for staff in continence care.

## Recommendation 8

This recommendation was made following a complaint about the service. Staffing levels should be sufficient to meet the needs of the people living in the care home. Staffing levels should take account of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.

**This recommendation was made on 3 October 2017.**

## Action taken on previous recommendation

This recommendation was made following a complaint about the service. The manager is continuing to review the dependency levels of residents and will ensure that staffing is scheduled above the minimum level. The manager will complete observations of staff practice and identify additional training through for staff.

## 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	
24 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
13 Dec 2016	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
10 Mar 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 Nov 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
29 Dec 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Nov 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
15 Nov 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
1 May 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	4 - Good
30 Jan 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
13 Dec 2011	Re-grade	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory Not assessed 1 - Unsatisfactory 1 - Unsatisfactory
11 Jul 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good Not assessed
17 Sep 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
15 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
15 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed
23 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed
22 Jan 2009	Unannounced	Care and support Environment Staffing	5 - Very good Not assessed Not assessed

Date	Type	Gradings	
		Management and leadership	5 - Very good
1 Sep 2008	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good

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