

Lancefield Care Home Care Home Service

Rankine Street
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PA5 8BG

Telephone: 01505 337 577

Type of inspection: Unannounced
Inspection completed on: 19 April 2018

Service provided by:
Lancefield Care Home Limited

Service provider number:
SP2012011875

Care service number:
CS2012309940

About the service

Lancefield Care Home is registered with the Care Inspectorate to provide a care home service to a maximum of 36 older people. The service has been registered since 2012. There were 29 residents living in the home on the day of our inspection.

The home is close to the town centre of Johnstone and near local shops and public transport. The accommodation is within a two-storey converted mill. The lounges and dining rooms are on the ground floor. There is access to a garden area.

The service aims to 'provide an environment where each person can maintain control over many areas of their life and still be treated with compassionate care.'

What people told us

We gathered the views of people using the service and their relatives by speaking with them and looking at the completed questionnaires they returned to us. We spent time observing the care and support of people who were unable to verbally communicate with us.

There were mixed views from people using the service and from their relatives. Some people told us that they were generally happy with the care and support they received from staff. One person told us that the staff were 'friendly and nice'.

Residents' relatives told us that the staff kept them up to date with any changes in the health of their relative.

Both residents and relatives expressed concern regarding recent changes in staff. They said that there were 'new faces all the time' and that they didn't know residents well. People told us that they found this 'unsettling'.

Residents commented that there was not enough to do during the day. They said 'it was a long day' and 'I would like to go out, but it's the same people who get to go out'.

Residents and relatives told us that they were not involved in service development as they were not asked for their views.

Self assessment

We did not ask the service to send us a self assessment.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

We saw that staff supported residents in a kind manner. They showed that they were familiar with residents' care needs and their preferences. However, there were long periods of time when residents had no attention or interaction from staff. Staff actions were task driven and not focused on the individual person. Residents commented that there was not enough to do and that activities were not of interest to them.

We previously made a recommendation about the need for meaningful activity in the home to engage residents' interests and give purpose and enjoyment. Little progress had been made to improve the quality of meaningful activity. The recommendation will continue. (See recommendation 1)

There was a poor standard of information in place to guide staff how best to support individuals in a consistent and safe way. We sampled residents' personal plans to determine how residents' care and support needs were being managed. Not all personal plans were up to date. Many did not reflect the current care and support needs of individuals. (See requirement 1)

We had concerns regarding the management of medication prescribed 'as required' particularly for residents who may become distressed. There was little information in place to guide staff about the management of this medication. Care plans did not sufficiently demonstrate the way stress and distress reactions were managed for people living with dementia. There were poor care plans to demonstrate the management of stress and distress reactions of residents living with dementia. We could not always be assured that 'as required' medication was administered taking account of the best interests of the individual. (See requirement 2)

Recording medication administration should follow best practice guidance to protect residents. Attention was needed to improve records of changes to medication instructions and evidencing that topical medication has been applied as prescribed by the GP. (See recommendation 2)

There were aspects of the dining experience which had been improved. Further improvements and supporting staff to develop their skills would enhance the mealtime experience for residents. This will be the subject of a continued recommendation. (See recommendation 3)

We had difficulty verifying how residents' nutrition and hydration needs were monitored and managed. Risk assessments to assess and monitor residents' nutritional risks were not up to date and some had been incorrectly completed. The outcomes of the assessments were not being used to inform a plan of care to help manage the health and well-being of the resident. Charts to monitor how much fluid residents drank had no targets recorded. Therefore, the charts were not informing the plan of support needed for an individual to maintain their hydration needs. (See recommendation 4)

To help maintain residents' health and well-being, the service should develop a robust system to demonstrate that residents have frequent opportunities to have a bath or a shower and that their choices and preferences have been into account. (See recommendation 5)

Requirements

Number of requirements: 2

1. In order to ensure that residents' personal plans set out how the health, welfare and safety needs of the individual are to be managed and met, the provider must ensure the following by 31 August 2018:

- that personal plans accurately reflect all the current needs of individuals
- systems are fully implemented to assess, monitor and manage risks to residents that are fully utilised and kept up to date to inform care planning. This includes, but is not restricted to, risks relating to falls and nutrition
- information is included about care and support interventions and is developed to fully reflect the care being provided
- information is included about individual's care and support that is up to date and regularly evaluated
- personal plans are developed in consultation with the resident and their representative reflecting choices and preferences of the individual.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15) and in order to comply with Regulation 5(1) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. In order to ensure that medication prescribed to be given 'as required' is managed safely and in line with best practice guidance, the provider must put in place safe and effective medicines management systems by 31 August 2018. This includes the development of clear protocols to guide staff and regular reviews of medication prescribed 'as needed'.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'Any treatment or intervention I experience is safe and effective' (HSCS 1.24), and in order to comply with Regulation 4(1)(a)- Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 5

1. The provider should improve the quality and range of meaningful activities available in the home considering residents' preferences and choices.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

2. To ensure that medication is managed safely and effectively, the provider should improve the records of medication administration in line with best practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

3. The provider should continue to review and develop the management of mealtimes to ensure that residents are supported to enjoy their meals in a relaxed atmosphere respecting their choices and preferences.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' and 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'. (HSCS 1.34 and 1.35)

4. To ensure that residents' nutritional and hydration needs are managed effectively to support their health and wellbeing, the provider should implement appropriate systems to assess, monitor and manage these needs.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'Any treatment or intervention I experience is safe and effective' and 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 1.24 and 4.11)

5. To ensure that residents' personal care needs are fully met taking into account their choices and preferences, the provider should implement robust systems to record individuals' personal care.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'My care and support meets my needs and is right for me' and 'My needs, as agreed in my personal plan, are fully met and my wishes and choices respected'. (HSCS 1.19 and 1.23)

Grade: 2 - weak

Quality of environment

Findings from the inspection

The home was clean and appropriately maintained to meet people's needs. Housekeeping and maintenance staff were visible throughout the inspection visit. There were records of repairs and maintenance of equipment and facilities to ensure the safety of people using the service.

The service recently developed a quiet sitting room which offered a more private space for residents to meet with their visitors.

There was scope for the environment of the home to be improved to reflect a more dementia friendly setting for residents. The service planned to use The King's Fund audit tool 'Is your care home dementia friendly?' to assist them to effect changes in the home. We will monitor progress with this at the next inspection.

Equipment should be used in residents' best interests and to keep them safe. There was some equipment used in the home that could be seen as restraining for residents. This included bedrails and sensor mats. There needs to be an improvement with the assessment for the use of this equipment in line with best practice guidance. (See recommendation 1)

Some aspects of managing infection control were not based on best practice guidance to help keep people healthy and safe. This included the management of soiled and clean linen and clothing in the laundry area. We noted that there was a need to clean and repair an area around one of the baths used by residents. (See recommendation 2)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. To ensure that the use of equipment that may restrain is used in the best interest of the individual, the provider should ensure that equipment is assessed and consented for in line with best practice guidance. The provider should ensure that staff receive training regarding the following best practice guidance, Rights, risks and limits to freedom, from the Mental Welfare Commission for Scotland.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'Any treatment or intervention I experience is safe and effective' and 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 1.24 and 4.11)

2. To ensure that residents' health and wellbeing is protected, the provider should review the management of infection control in the home. This includes, but is not restricted to, the management of soiled linen and clothing in the laundry room.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

Staff showed that they were familiar with residents' preferences. There were occasions when staff demonstrated kindness when supporting residents. Some people using the service told us that staff were friendly and welcoming.

The service had many recent changes to the staff team, especially nursing staff. Residents and relatives commented that this made them feel 'unsettled' as they were not sure that all staff knew residents as well as they should.

The service provider had recently managed to recruit for the nursing team to ensure people were supported. However, there was a need for staff to be developed to work as a team to promote safe and responsive care. Staff should be reminded about their roles and responsibilities regarding adhering to the codes of conduct and

practice as registrants of the Scottish Social Services Council and the Nursing and Midwifery Council. (See recommendation 1)

Training is key to help staff improve outcomes for people. The service had a training plan in place. We looked at the records of training staff attended. There was a need to ensure that all staff were up to date with mandatory training. This would ensure that staff knowledge was current and care was delivered safely.

We previously made a recommendation regarding the need for staff to attend dementia care training such as the Promoting Excellence programme for dementia learning and development. This training had not taken place. It was evident there was a need for staff to undertake this training to improve their knowledge and skills to develop a person centred approach to care and support for the people living in the home. (See requirement 1)

Staff were not focused on delivering person centred care as they were busy completing tasks. The staff team would benefit from sound leadership on a day-to-day basis. This would help direct the delivery of a more responsive style of care and support for residents. (See recommendation 2)

To promote good practice and improve outcomes for residents, staff should have access to regular supervision. We were concerned that regular supervision for staff was not taking place. Regular supportive supervision should be re-established in the home. (See recommendation 3)

Requirements

Number of requirements: 1

1. In order to ensure that at all times suitably qualified and competent staff are working in the service, the provider must ensure that staff receive training appropriate to the work they perform. By 31 May 2018, the provider must carry out a training needs analysis for all staff and develop a training plan including timescales for the completion of training.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14) and in order to comply with Regulation 15(a) and (b)(i)- Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 3

1. The provider should ensure that staff are aware of their roles and responsibilities towards the people they care for, their colleagues, their conduct and practice in line with their professional and organisational codes.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

2. To develop the leadership skills of staff in supervisory positions, the provider should ensure that staff are trained, competent and skilled in the role that they undertake.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

3. To support and develop the staff team, the provider should establish a schedule of regular supportive supervision for staff. This should be provided by staff with the appropriate skills and training.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

People using the service strongly disagreed that they were asked for their views or were kept informed of changes in the home. Pathways of communication between the management team, the staff team and people using the service were not in place. There appeared to be a lack of leadership or focus on developing the service. (See recommendation 1)

We were concerned that there was a lack of effective systems in place to assess and monitor the quality of service provision. We have identified a significant need for improvement to ensure that the health, welfare and safety needs of people living in the home are fully maintained.

We received the assurance of the provider that improvements would be made to promote positive outcomes for people using the service. (See requirement 1)

We previously recommended that an action plan should be developed to provide a framework for driving improvement of the service. There was no effective plan in place to support sustained improvement and development of the service. (See recommendation 2)

Requirements

Number of requirements: 1

1. To make proper provision for the welfare and safety of residents and to ensure a satisfactory quality of service is consistently provided, the provider must fully implement a quality assurance system by 31 August 2018.

This should include, but not be restricted to, the following:

- use of internal audits to check key areas to ensure that policies and procedures are being followed, taking into account issues highlighted in the inspection report

- ensure any issues found through the audit process are highlighted and an action plan made with timescales for any actions required taken to address those issues.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19) and in order to comply with Regulation 4(1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 2

1. People using the service should be meaningfully involved in the development of the service. The provider should actively gather the views of people using the service to inform sustained improvement of outcomes for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' and 'I am actively encouraged to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.7 and 4.8)

2. The provider should develop a plan with timescales to support the development and sustained improvement of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, 'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

Grade: 2 - weak

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

The provision of activities within the home needs to improve. They need to respond to the preferences and choices of people living in the home and be relaxing and meaningful.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

There had been little progress with this recommendation and it will continue. This is detailed under Quality of care and support in this report.

Recommendation 2

The home needs to review the dining experience. The tables should be set and the correct menus on display. The food served should be nutritious and balanced and choices should be offered, with no food being 'out of order.'

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

The menu offered choices and residents were able to ask for alternatives to what was on the menu. There had been some improvement regarding the development of the mealtime experience for residents. However, there was not a consistent approach to this in all the dining areas. There will be a continued recommendation regarding further development of the dining experience for residents.

Recommendation 3

Care plans need to transfer to the new format as soon as possible to ensure they are up to date and accountable. The assessed needs of the people living in the home should be supported by rigorous and accurate records. Particular attention needs to be paid to wound care, nutritional concerns and PRN (as required) medication.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

There had been poor progress with the development of residents' personal plans. There was a need to make sure that PRN (as required) medication was managed safely and in line with best practice guidance. These issues are detailed under Quality of care and support in this report.

Recommendation 4

People living in the home should be supported by staff who are trained and skilled to meet all of their needs. Staff would benefit from more appropriate training in the areas of dementia awareness and adult protection. The home need to ensure that fire safety training is up to date for all staff.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

There was a training plan in place and records of the training staff had undertaken. Not all staff were up to date with mandatory training.

The service had not progressed with training regarding dementia care.

This recommendation had not been implemented. There needs to be a planned approach to training. This issue will be detailed under Quality of staffing in this report.

Recommendation 5

The management team had completed a thorough action plan. The action identified must be completed as soon as possible.

This recommendation was made on 1 September 2017.

Action taken on previous recommendation

There was a continued need to develop a thorough action plan to support improvement and the outcomes for people using the service.

This recommendation had not been implemented. This is detailed under Quality of management and leadership in this report.

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	
27 Feb 2018	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
3 Aug 2017	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
15 Jun 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
1 Jul 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
5 Jun 2014	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
16 Apr 2013	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good

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