

## Lomond View Care Home Service

The Pleasance  
Falkland  
Cupar  
KY15 7AR

Telephone: 01337 857521

Type of inspection: Unannounced  
Inspection completed on: 15 March 2018

**Service provided by:**  
Barrogil Limited

**Service provider number:**  
SP2004004455

**Care service number:**  
CS2012314145

## About the service we inspected

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 Barogil 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.

## How we inspected the service

This was a follow-up inspection to look at progress made in respect of requirements and recommendations made at the last inspection, which was completed on 1 September 2017.

The visit to the service was unannounced - it started at 09:15 and was completed at 16:50 on 15 March 2018. Two inspectors, an inspection assistant and an inspection volunteer were involved in the inspection.

During the inspection, we observed care practice and examined care-related documentation. We spoke with people using the service and their relatives, and also met with the management team and staff. We took account of the service's action plan and improvement plan in our assessment of the progress made since the last inspection.

## Taking the views of people using the service into account

We spoke with seven people using the service. People were positive about the home and the care that they received. Staff were described as being "excellent", but were seen to be busy and seemed to work long hours. The food was described as being good and most people thought that the home was clean.

Other comments suggested that people would have liked more time with staff in terms of taking part in activities and going on outings.

## Taking carers' views into account

We spoke with two people's relatives. Their views about the service were mainly very positive, with some reservations about the standard of cleaning in rooms. Comment was made that the food could be better, and that laundry items could go astray. Beyond this, care was seen to be of a good standard and the majority of staff were described as being "brilliant", and "warm and friendly".

## 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 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.

**This requirement was made on 1 September 2017.**

#### Action taken on previous requirement

This requirement has not been met; however, the service was making significant progress in implementing new care plan documents.

The new style documents were more person-centred and focused on the needs and preferences of people using the service. There was description of individual care and support needs, and how this should be provided by staff. People's lifestyle and personal interests were also detailed. This helped ensure that care could be provided in a consistent manner and in a way that respected people's wishes.

More consistency was needed in the recording of information about supporting people who experience distress and anxiety, due to anxiety and pain. Some care plans were very good in this area, but others lacked sufficient detail to allow staff to take a consistent and measured approach in helping people who experience stress and distress.

We also found little evidence to suggest that there was a programme of regular care reviews, involving external health and social care professionals, people using the service, and their representatives. The service acknowledged that this was an area they needed to develop.

This requirement has been continued and progress with the introduction of the new care plan documents, and review processes, will be examined at the next inspection.

#### Not met

#### Requirement 2

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.

**This requirement was made on 1 September 2017.**

## Action taken on previous requirement

This requirement has not been met.

Whilst the home was clean and well maintained on the day of the inspection, we heard that there were still issues with regular cleaning of people's rooms. Following the last inspection, the situation had improved for a significant period of time, however, comment was made that this had not been maintained.

We noted that additional domestic staff have been recruited and that suitable cover was now provided seven days a week. Better cleaning materials were also being provided and additional equipment was being purchased, such as new vacuum cleaners.

This requirement has been continued and will be examined at the next inspection of the service.

**Not met**

## Requirement 3

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

**This requirement was made on 1 September 2017.**

## Action taken on previous requirement

This requirement has been met.

The service had taken prompt action to ensure that the opening of windows was restricted in line with guidance from the Health and Safety Executive. We noted, however, that the mechanisms on two windows on the top floor were not working properly. The service took immediate action to check the mechanisms and found that the locks had not been properly activated. Processes for regularly checking that restriction devices remained locked and functional were put in place.

**Met - within timescales**

## Requirement 4

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.

**This requirement was made on 1 September 2017.**

### Action taken on previous requirement

This requirement has not been met.

Although the home was appropriately staffed during the inspection, we noted that the home only had 38 people resident (out of a total of 50 places). It was, therefore, not possible to fully assess how staff would manage the care and support of people when occupancy was at a higher level.

During the inspection, staff were seen to be warm and caring in their approach to people and provided care in a supportive and dignified manner. Care was delivered at a pace suited to the needs of individuals and staff tried to spend meaningful time with people. There was, however, limited opportunity to interact socially with people, especially during the morning, because of the high level of people's direct care needs. We noted that there was improved scope for staff to sit and chat with people later in the day.

This requirement has been continued and will be reassessed at the next inspection.

### Not met

## Requirement 5

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.

**This requirement was made on 1 September 2017.**

## Action taken on previous requirement

This requirement has been met.

The service provided a copy of its service improvement plan, as requested. Advice was given to the service about the need to continually develop and review the plan, and to involve a wide range of people in suggesting ideas for improvements. The importance of focusing on outcomes for people, as well as engaging with people using the service, their families and carers, and staff members, was underlined.

**Met - within timescales**

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

### Previous recommendations

#### Recommendation 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

**This recommendation was made on 1 September 2017.**

#### Action taken on previous recommendation

This recommendation has not been met.

Whilst we noted that a committed and enthusiastic co-ordinator was employed to organise regular physical and social activities, they were on an extended period leave at the time of the inspection. The service was planning to cover their absence with another activities co-ordinator, but they had not yet visited the service.

Because of this, we saw little in the way of planned activities. Care staff did try to spend meaningful time with people and we noted that one staff member was willing to come in on their day off to take a person shopping. There was, however, limited opportunity for care staff to organise activities when the activities co-ordinator was not on duty.

The ability of care staff to interact socially with people, and to organise regular activities for them, is matter that still needs to be addressed.

Therefore, this recommendation has been continued and will be reviewed at the next inspection.

## Recommendation 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

**This recommendation was made on 1 September 2017.**

### Action taken on previous recommendation

This recommendation has been met.

We found that there was evidence of people using the service, and/or their representatives, being more involved in planning their care. Hence the recommendation has been met.

The service agreed that there could still be further improvements in relation to people's involvement in "routine" reviews of care and the establishment of a programme of wider care reviews, involving external health and social care professionals. These matters will be examined at future inspections.

## Recommendation 3

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

**This recommendation was made on 1 September 2017.**

### Action taken on previous recommendation

This recommendation has not been met.

We noted that the service had started to attach name plates and symbols to some bedroom doors, which helped people identify their rooms. This could, however, be extended to other rooms in the home and improvements made to general signage, which would help people find their way around the building without assistance.

We recognised that wider developments, to make the home's environment more "dementia-friendly", would involve a longer term plan. Progress with improvements in this area will be followed up at future inspections.

## Recommendation 4

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

**This recommendation was made on 1 September 2017.**

### Action taken on previous recommendation

This recommendation has not been met.

The service had taken action in respect of asking people for permission to install safety gates on their room doors. However, there was limited evidence to support that action had been taken to implement risk assessments that provided information about the need for child gates and any alternatives considered.

The service acknowledged this and will further review their processes around this matter. This will be followed up at the next inspection.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 Sep 2017 | Unannounced | Care and support<br>3 - Adequate<br>Environment<br>4 - Good<br>Staffing<br>4 - Good<br>Management and leadership<br>3 - Adequate |



| Date        | Type        | Gradings   |  |
|-------------|-------------|--|--|
| 6 Mar 2017  | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | Not assessed<br>Not assessed<br>Not assessed<br>Not assessed |
| 23 Mar 2017 | Re-grade    | Care and support<br>Environment<br>Staffing<br>Management and leadership | 3 - Adequate<br>Not assessed<br>Not assessed<br>3 - Adequate |
| 12 Dec 2016 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 2 - Weak<br>5 - Very good<br>4 - Good<br>3 - Adequate        |
| 21 Apr 2016 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 4 - Good<br>5 - Very good<br>5 - Very good<br>5 - Very good  |
| 10 Nov 2015 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 4 - Good<br>5 - Very good<br>5 - Very good<br>4 - Good       |
| 23 Apr 2015 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 4 - Good<br>5 - Very good<br>4 - Good<br>4 - Good            |
| 4 Dec 2014  | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 3 - Adequate<br>4 - Good<br>3 - Adequate<br>3 - Adequate     |
| 30 Oct 2014 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 2 - Weak<br>Not assessed<br>3 - Adequate<br>2 - Weak         |

| Date        | Type        | Gradings                  |               |
|-------------|-------------|---------------------------|---------------|
| 10 Sep 2014 | Re-grade    | Care and support          | 2 - Weak      |
|             |             | Environment               | Not assessed  |
|             |             | Staffing                  | 3 - Adequate  |
|             |             | Management and leadership | 2 - Weak      |
| 13 Jun 2014 | Unannounced | Care and support          | 5 - Very good |
|             |             | Environment               | 5 - Very good |
|             |             | Staffing                  | 5 - Very good |
|             |             | Management and leadership | 5 - Very good |

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