

Lomond View Care Home Service

The Pleasance
Falkland
Cupar
KY15 7AR

Telephone: 01337 857521

Type of inspection:

Unannounced

Completed on:

11 March 2019

Service provided by:

Barrogil Limited

Service provider number:

SP2004004455

Service no:

CS2012314145

About the service we inspected

Lomond View is a purpose-built care home. It is situated on the edge of the village of Falkland in Fife. The home is owned by Barrogil Limited and is registered to provide care to a maximum of 50 older people. At the time of inspection, 38 people were using the service.

The home is comprised of three floors, each having its own communal sitting and dining areas. Bedrooms were all of ample size and had en suite toilet and shower facilities. There were 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 which focused on progress with the requirements and areas for improvement identified at the last inspection completed on 8 August 2018. During the inspection visit we examined:

- staff numbers and deployment
- the cleanliness of the environment
- whether the environment was suitable for the needs of people living in the home
- the provision of activities
- a sample of people's personal plans
- plans for improving the quality of the service provided.

We also spoke with people using the service and their relatives/visitors, as well as the home management team and staff members.

Taking the views of people using the service into account

We spoke with seven people using the service. They indicated that, overall, they were happy living in the home and that they were well cared for. People stated that they enjoyed taking part in activities when opportunities arose. However, the availability of activities was not consistent and rather limited at times. Comments relating to the quality and quantity of food varied.

Taking carers' views into account

We spoke with four people's relatives/visitors. Similar comments were received to those made by people using the service. They felt that the quality of care was good and that staff were attentive. The amount of activities on offer was, however, variable and was largely dependent on the presence of the activities co-ordinator.

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

Previous requirements

Requirement 1

This requirement was made following a complaint investigation.

In order to ensure that residents experience care and support by staff who anticipate issues and are aware and plan for any known vulnerability and frailty. The provider must, by 15 February 2019:

- Ensure an admission assessment is completed which highlights any known risks and needs.
- Ensure that identified needs have a specific plan of care which includes how the needs should be met using best practice guidance.
- Ensure healthcare needs are monitored and action taken where required.
- Ensure staff have the necessary skills and knowledge to anticipate healthcare problems and to take appropriate action.
- Ensure other healthcare professionals' instructions and interventions are carried out by staff.
- Ensure the views of residents' representatives are sought and taken into account where healthcare problems are identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I experience care and support by staff who anticipate issues and are aware and plan for any known vulnerability and frailty" (HSCS 3.18).

It is also necessary 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.

This requirement was made on 15 January 2019.

Action taken on previous requirement

At this inspection we found that all of the above areas had been attended to for permanent residents. However, there were gaps in the recording of assessments for people who had been admitted to the service for short-term respite care.

Respite pre- and post-admission assessments had not always been fully completed. Pre-admission assessments are important in ensuring that information is received to help the service prepare for a person's admission. Once the person has been admitted, an assessment and care planning process should be in place to build a clearer picture of the person and their needs. We saw that forms were in place for this but important information was not consistently entered.

Despite these omissions, core healthcare needs assessments and ongoing reviews had been recorded. Hence, health related matters had not been ignored. Staff also had the necessary skills and knowledge to anticipate care needs and take appropriate actions.

We saw that external healthcare professionals had been contacted and that prescribed interventions were recorded and subject to ongoing review. Nevertheless, gaps in the assessment and care planning process could result in important care needs not being identified. This presents as a significant risk and the service must ensure that robust assessments and care plans are completed at each stage of the admission process.

Overall, we found that this requirement had been met for permanent residents but not for respite care assessment and planning processes. Hence, for people receiving respite care, the service needs to:

- Ensure that pre-admission assessments are completed.
- Ensure that post-admission assessments are completed.
- Demonstrate the use of assessment information in developing appropriate care plans.

These matters will be followed up at the next inspection. In the meantime, the service must submit details, to the Care Inspectorate, of any action taken by 30 April 2019.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to improve people's physical and mental wellbeing, the service provider should review the way in which activities are organised. This should focus on the amount of physical and social activity made available for people, within and outside the home.

This will be followed up at the next inspection.

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

This area for improvement was made on 1 October 2018.

Action taken since then

The last inspection report identified the importance of social and physical activity in improving people's physical and mental wellbeing. At this inspection, we found some improvement, in that the service was making clear efforts to develop more organised events for people.

This included setting up a survey for people and their relatives/visitors to identify activities that would be of interest to people. The survey was, however, in its early stages and the outcomes resulting from it could not yet be assessed.

In terms of practice, we found that the full-time activities co-ordinator was on long-term leave. This affected the amount of activities on offer. However, input from an activities co-ordinator from another home had been obtained for three mornings each week. Activities took place, mainly within the home, but efforts were also being made to organise outdoor trips. The replacement activities co-ordinator was enthusiastic and skilled in encouraging people to take part in the events she organised.

The home was also developing connections with the Friends of Lomond View group. This consisted of members of the local community, who could spend time with people on a one-to-one and small group basis. At the time of inspection, an art group was underway. People very much appreciated opportunities for activities and engagement with others.

Care staff, however, continued to have limited opportunities to become involved in promoting activities, mainly due to their direct care commitments. Hence, the service needs to continue its efforts to ensure that all staff can promote meaningful social engagement and physical exercise.

On the basis of these findings, this area for improvement has not been met and will be reviewed at the next inspection.

Previous area for improvement 2

In order to identify and implement improvements that fully reflect people's wishes and aspirations, the service provider should further develop the service improvement plan and the processes for involving people in improving the service.

This will be followed up at future inspections.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6); "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7); and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8).

This area for improvement was made on 1 October 2019.

Action taken since then

We saw that efforts were being made to develop the service improvement plan and to involve people in suggesting and implementing ideas. The service had tried to encourage people's input through meetings and questionnaires but responses had been disappointing. This meant that people's wishes and aspirations could not be fully reflected in the improvement plan.

The service identified that they would continue to explore ways of getting people to suggest ideas for improvements and to include them in implementing these. Involving the activities co-ordinator may be useful as she managed to get people to provide a number of ideas for activities in her groups.

At the time of inspection, further efforts were needed in relation to developing the service improvement plan and involving people with this.

Therefore, this area for development has not been met and will be followed up at the next inspection.

Previous area for improvement 3

In order to promote activity and independence for people with dementia and other cognitive impairments, the service provider should make appropriate changes to the internal environment and garden area. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I can independently access the parts of the premises I use and the environment has been designed to promote this" (HSCS 5.11); and "The premises have been adapted, equipped, and furnished to meet my needs and wishes" (HSCS 5.16).

This area for improvement was made on 1 October 2018.

Action taken since then

The last inspection identified that improvements should be made to the internal environment and garden area to help promote activity and independence for people with dementia and other cognitive impairments.

We saw little in the way of work having taken place to address this. Therefore, this area for improvement has not been met and will be followed up at future inspections.

In response, the service indicated that they would enhance the internal environment as part of ongoing refurbishment and that development of the garden was planned later in the year. We acknowledged these plans but would like to see work in some areas commence earlier. For example, improving signage in general areas and using personal materials, such as memory boxes, to help people recognise their rooms. Such work would be acceptable as interim measures in meeting this area for improvement.

Previous area for improvement 4

The service provider should ensure that all people with child safety gates fitted to their room doorways have risk assessments carried out (involving, where possible, people using the service 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.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "The premises have been adapted, equipped, and furnished to meet my needs and wishes" (HSCS 5.16).

This area for improvement was made on 1 October 2018.

Action taken since then

The last inspection report identified that "... all people with child safety gates fitted to their room doorways should have risk assessments carried out..."

At this inspection, we found that some action had been taken. However, such risk assessments were not always present in relevant care plans. We repeated the importance of having these in place to ensure that full assessment of the need for gates takes place and that people's safety is fully assessed. Wider consideration of risks should also be given to matters such as people trying to climb over gates.

Whilst some action had been taken, this was not complete.

Hence, this area for improvement is continued and will be examined at the next inspection.

Previous area for improvement 5

In order to help staff take account of people's wishes and assist them in developing activities that are of interest to them, the service provider should ensure that care plans contain clear information about people's lifestyle, interests, and personal preferences.

This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I can maintain and develop my interests, activities, and what matters to me in the way that I like" (HSCS 2.22).

This area for improvement was made on 1 October 2018.

Action taken since then

The content of care plans was developing to include information about people's lifestyle, interests, and personal preferences. Clear efforts had been made by staff in regard to the quality and amount of detail recorded.

The information provided would help improve staff members' understanding of people as individuals and organise care and activities, which better reflected their lifestyle and preferences.

Given the work undertaken on the content of care plans, this area for improvement has been met.

The way in which the information in care plans is used to provide more individualised care, as well as social and physical activities, will be reviewed at future inspections.

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