

Lizdean Nursing Home Care Home Service

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Kilmarnock
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Telephone: 01563 525208

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Unannounced

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Service provided by:

Blair and Fiona McKellar, a partnership

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About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Lizdean is situated close to the town centre of Kilmarnock in Ayrshire. The service is registered to provide care and support to a maximum of 18 older people, of whom three may be short break or respite residents. There were 18 individuals who experience care within Lizdean at the time of the inspection of which three were receiving respite care.

The home is in a residential area and accommodation is provided on two floors. There is access to the upstairs by stairway or chair lift. Residents with impaired mobility are assessed for suitability before they are accommodated on the top floor of the home.

Lizdean aims include the delivery of care in:

"A warm, homely, comfortable environment by staff skilled and trained to provide care with sufficient expertise to ensure that residents have complete confidence in their carers".

What people told us

For this inspection, we received the views of 11 people who experience care and seven of their relatives.

Comments included:

"All staff care at Lizdean is exceptional. Nothing is too much trouble. Her carers (staff) are kind and considerate. The providers (names removed) provide the best possible care home, and I would not know what to do without them or ever thank them enough".

"Excellent Care".

"My mum has dementia and is very happy here. I did not think she would settle here but she loves it. Staff and providers are very approachable. Since coming here, her health has improved and she is eating better".

"Excellent service".

"Its lovely here, food is always nice- we can have what we want".

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
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How good is our leadership?	3 - Adequate
How good is our staffing?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

People using care services should expect to receive care in a warm and compassionate manner. Residents and relatives confirmed that personal choices were sought from individuals. Lizdean provides good person-centred care. We found the culture within this service was an inclusive one, where residents experienced a sense of belonging. For example, some residents knew each other and had formed friendships and positive relationships. All residents and relatives spoke highly of the staff team and quality of the personal care they provide. People told us that staff are "kind" and "compassionate," and, that they were treated with respect and dignity.

People living in care services should be enabled to 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. The service have dedicated activity staff who provide a weekly activity programme to promote stimulation and wellbeing. However, activity was not being promoted as everyone's responsibility and we discussed the potential to use the keyworker role as an opportunity to spend time with residents in a more meaningful way. There was opportunity to support people to get the most out of their life. For example, by encouraging participation in gardening, cognitive stimulation therapy groups and making sure that residents had what they needed within reach to do things that were important to them. Further work was needed to ensure that all residents had opportunities to participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors (see areas for improvement 1).

We looked at medication arrangements and found that they were largely accurate and accountable and a previous area for improvement was met. However, we found that there was a lack of information to guide staff when administering medication prescribed when required. This is medication that is not required on a regular basis. It is important that there is clear guidance for staff on what symptoms to look for and when to offer this. Also, we advised that should "as and when" medication become a regular occurrence, then the service should review this with the GP to add to the prescription (see area for improvement 2).

The service has met a previous requirement by ensuring that good attention is paid to managing unplanned weight loss. We found good example of referrals for specialist dietetic support, monitoring of records of dietary and fluid intake and noted that the service implemented professional advice by ensuring that fortified meals and snacks were served to reduce unplanned weight loss. We advised that there was potential to enhance the mealtime experience by staff sitting and encouraging conversation and creating a sociable atmosphere. We received positive comments about the quality and choice of food at mealtimes.

We noted that people needing assistance were supported to eat and drink in a dignified way and people told us their personal preferences are respected. We observed mealtimes to be relaxed and unhurried in a pleasant atmosphere.

Staff were skilled in meeting residents health and wellbeing needs. Staff had been responsive to healthcare issues and worked well with local health care professionals like GP's, district nurses, dieticians and opticians to maintain and improve residents health needs.

Residents with cognitive impairment were supported to make their views known. Staff were knowledgeable about residents and knew their personalities, behaviours and preferences well. Six monthly reviews ensured that changing care needs were not overlooked.

The service supported people at end of life in a compassionate and caring manner. Families were kept informed and residents were treated with respect and dignity.

We noted there was a good level of satisfaction from residents and their families about the quality of care and support provided at this home.

Areas for improvement

1. To progress improvements in promoting positive outcomes through meaningful activity the role of the key worker should be developed to support people to get the most out of life. Care records should demonstrate that social activities have clear links to individuals' interests and preferences as stated in care plans.

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

2. To promote health and wellbeing and to comply with best practice guidance, the service should review guidance for staff on what symptoms to look for and when to offer "as and when required" Should administration become a regular occurrence, then the service should review this with the GP to add to the prescription.

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

How good is our leadership?

3 - Adequate

At the time of this inspection, the provider was in the process of recruiting a new manager.

People using care services should benefit from a culture of continuous improvement, with the service having robust and transparent quality assurance processes. We discussed with the provider the continuing need to improve the service's quality assurance processes and deliver a service in line with the service's own Aims and Objectives. The service does not have an action / development plan. We advised that the service should identify actions of improvement, include views of people using and working in the service, form a measurable plan and demonstrate improvements and remedial action taken (see area for improvement 1).

As at the previous inspection, to ensure that individuals needs are met by the right number of people, the dependency assessment should be used to inform staffing levels. There was insufficient information provided at this inspection and we have repeated the previous Area for Improvement (see area for improvement 2).

Effective communication systems were in place. Daily handover meetings between staff changing shifts ensured continuity of care for residents.

There were methods in place to give residents and relatives the opportunity to express their views. The service has a complaints procedure in place. People we spoke with were clear about the processes to raise concerns. They were keen to stress that they had no complaints and spoke highly of the providers. It was evident that residents knew the providers and were fond of them.

Where the service managed aspects of people's money, transactions were appropriately recorded.

The providers have met a condition of registration regarding the provision of 10 single bedrooms. We advised that they submit a variation request to the Care Inspectorate to remove this condition as it is met.

Areas for improvement

1. The service should introduce an action/development plan taking account of the services aims and objectives. The service should identify actions of improvement, include views of people using and working in the service, form a measurable plan and demonstrate improvements and remedial action taken.

This is to ensure Health and Social Care Standards which state that: I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership (HSCS - 4.7).

2. To ensure that individuals needs are met by the right number of people a recognised dependency assessment should be used to inform staffing levels.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: My needs are met by the right number of people (HSCS 3.15).

How good is our staff team?

4 - Good

People who experience care can expect that those who support them are courteous, respectful and compassionate, as this supports a trusting relationship, helping the person to feel at ease. Residents and relatives we met confirmed that the staff treated people well. We concluded that those who live in Lizdean benefited from staff being genuine, responsive and kind to them. Staff supported individuals to feel included by acknowledging their needs, and offered support at a pace that was right for the person. This contributed to the homely, relaxed and welcoming feeling within Lizdean.

People told us that staff were caring and respectful. We saw some staff interacting positively with residents and each other and being attentive to people's needs. Staff demonstrated warm interactions in a reassuring and knowledgeable manner. There was recognition that opportunities should be developed, to enable residents to influence the staffing in the service. For example, the development of the key worker role to include one-to-one time with residents, particularly for people in bed or with reduced mobility. Also, including staff in care reviews, would enable residents and relatives to influence staffing.

We looked at recruitment records which showed that appropriate checks were being undertaken. The provider conducted interviews and appropriating vetting to ensure that staff met the right qualities to promote safety, responsive and compassionate care.

We found effective communication systems in place. For example, the staff were involved in team meetings and handovers took place between senior staff. However, we noted that nurses doing handovers at the change of a shift maintained their own records rather than a record for the care home. Any documentation and communications regarding service users should be to ensure consistency and stability where people work together in a coordinated manner (see areas for improvement 1).

Staff were observed to be confident in their roles and were caring and sensitive in the way that they responded to people's needs. We found that staff were clear about their responsibilities regarding professional registration and codes of practice. We found a good annual training planner in place. It included a variety of formal and mandatory training. For example, annual mandatory training included subjects such as infection control, food hygiene and moving and assisting. We advised that mandatory training should include adult protection. In addition, the service should develop the roles and responsibilities of all staff, implement training in teamwork taking account of the Common Core Skills and Values published by the Scottish Social Services Council (SSSC) (see area for improvement 2).

Staff told us:

"We're a good team".

"I love it here, the residents and staff are all lovely".

"Yes- I think there is good morale".

"I think this is a great wee care home. We really care about our residents".

We concluded that the staff in this care home worked hard to create an inclusive culture where there were good examples of how residents views had been listened to and followed through to make a difference to the quality of care they received.

Areas for improvement

1. All staff should ensure accountability by ensuring that any documentation and communications regarding service users are maintained in the care home as part of residents ongoing personal care monitoring. Any documentation and communications regarding service users should be held in the service to ensure confidentiality, consistency and stability where people work together in a coordinated manner.

This is to ensure that people are cared for by a team which is well coordinated so that residents experience consistency and continuity (HSCS 4.17) and

"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. The service should extend mandatory annual training to include adult support protection.

In addition, to maintain continuous professional development, they should develop the roles and responsibilities of all staff and implement training in teamwork taking account of the Common Core Skills and Values published by the Scottish Social Services Council (SSSC).

This is to ensure that people receiving care can have confidence in staff because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14).

How good is our setting?

3 - Adequate

The environment was clean, warm and bright in areas. There had been continued investment in the refurbishment and development of the environment to ensure it allowed residents to have as positive quality of life as possible.

The care home had an outdoor space which was well maintained. We discussed with the provider the potential to improve access for residents independently in a safe enclosed area. The providers stated their intention to develop the garden area for greater resident use.

Residents interviewed stated that they were supported to personalise their own rooms. Some of the bedrooms the Inspectors visited were personalised differently according to the wishes of the resident and personal photographs added to the sense of ownership.

Effective cleaning strategies were in place which ensured that the environment was free from offensive smells. Residents told us the home was always clean. Residents told us that staff respond quickly if they used the alarms fitted in their bedrooms. Communal areas were welcoming and a variety of pictures and well placed furniture and home furnishings enabled people to enjoy a homely atmosphere.

Individuals should experience a high quality environment that has been adapted to meet their needs. This can promote greater levels of independence and wellbeing. The providers have previously acknowledged the limitations of the footprint of the building in terms of any further reduction in shared bedrooms or offering en suite facilities within Lizdean. We agreed that since they have met a condition of registration to create 10 single bedrooms, that they submit a variation to update their certificate of registration.

We noted that some aspects of the premises are dated. However, this also enabled residents to experience a familiar, homely and comfortable environment. We discussed with the providers the potential to improve the premises to achieve the principles of the Health and Social Care Standards regarding the environment. For example, independent access to an outdoor space, the potential to create two single bedrooms from a shared room to ensure privacy, access to WiFi for residents to access the wider world, promoting confidentiality, and a programme of refurbishment. The service should review the premises taking account of the Care Inspectorate guidance document 'Building Better Care Homes for Adults' and the "Kings fund" audit tool to improve the environment. We will follow up at future inspections with the provider (see area for improvement 1).

Those who live there benefitted from an environment that was developing to enhance the experience of individuals; especially for those living with dementia. The service had previously planned to replace the carpet on the ground floor and identify storage solutions. However, this was still outstanding. We advised that the service conduct an audit of minor repairs as part of their development plan.

We also noted that there was a need for the service to review the use of wheelchairs. During inspection, the provider confirmed that the mobile chairs being used for moving people were transport chairs.

However, we observed people sitting in them for long periods, and placed at the dining tables. This has the potential to compromise dignity and skin integrity (see area for improvement 2).

Areas for improvement

1. The service should review the premises taking account of the Care Inspectorate guidance document 'Building Better Care Homes for Adults' and the "Kings Fund" audit tool to improve the environment. This should form part of the service development plan.

This is to enable people to experience a high quality environment if the organisation provides the premises (HSCS - Standard 5).

2. The service should review moving and assisting equipment to ensure that it is assessed as the right equipment for individuals and that practice does not compromise skin integrity and dignity for residents.

This is to ensure that: The premises have been adapted, equipped and furnished to meet my needs and wishes (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

People should expect that assessment and care planning will reflect their needs and wishes. This is important as care plans are used to direct staff in meeting people's needs and wishes and affects their experience of care and support.

Monthly care plan evaluations and formal care reviews would benefit from being more outcome based and focused on each individuals experiences and quality of life. The service was previously advised of 'Talking Points - Personal outcomes approach' resource to support improvement in this area.

Care plans, evaluations and six monthly care reviews should be improved to evidence that individuals are able to participate in activities in accordance with their preferences and agreed outcomes stated in care plans. At this inspection, we sampled personal files which were in a state of confusion and disarray. We advised that the staff archive old information as there was potential for current information to be missed potentially resulting in care needs being overlooked. We found that key information was inconsistently recorded. For example, the use of "one page profiles."

The providers agreed that once a new manager is in post, they will review the assessments and quality of the content and structure of personal files. We have repeated previous area for improvements regarding care planning, keyworker roles, risk assessments and reviews (see area for improvement 1).

Areas for improvement

1. The provider, manager and staff should ensure that personal plans and six monthly reviews reflect residents needs choices and preferences and how these are being met in sufficient detail with a strong focus on promoting independence and personal outcomes.

There should also be guidance for staff in relation to appropriate strategies to use when supporting people in times of stress and distress. This should take account of keyworker responsibilities and risk assessments.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15).

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

Requirements

Requirement 1

To ensure that people's health benefits from their care and support, a consistent approach to managing unplanned weight loss should be implemented by 31 April 2019. To achieve this:

- timely referrals for specialist dietetic support should be made
- records of dietary and fluid intake should be implemented to identify the steps taken to fortify meals and snacks to reduce unplanned weight loss
- management oversight of weight loss should be improved.

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

This requirement was made on 28 February 2019.

Action taken on previous requirement

We found that the service acted promptly to manage unplanned weight loss. The service sought the support of a specialist dietician, maintained accurate records and provided fortified meals as part of an assessed care plan.

Met - within timescales

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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