

# Lisden Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Balhousie Care Limited

**Service provider number:**  
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**Service no:**  
CS2003010719

## About the service

Lisden care home is part of the Balhousie Care Group and is situated in the Angus town of Kirriemuir. It is registered to provide a care service for 42 older people. It offers accommodation in two defined units. Kinordy provides care and support to a maximum of 16 service users with advanced dementia or other cognitive impairment related issues.

The main part of the home is on two floors (Airlie and Glamis) and offers 26 beds caring for elderly residents with nursing needs.

All rooms are single with en-suite facilities and the home has access to a range of local amenities. The home provides a warm and friendly environment for residents and visitors and is maintained to a good standard. The gardens are well maintained and offer a safe and enclosed area. There are summer cabins in the grounds, which are often used by people.

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

The organisation states; 'we truly strive to capture the true essence of person-centred care by recognising that people come first - by looking after the care of people, the rest will follow.'

## What people told us

We received back two out of 20 Care Standards Questionnaires (CSQs) we sent to the service to randomly distribute to residents and their families and friends. We asked their views on 25 quality statements about the service's Care, Environment, Staffing and Management. Most returns highlighted that people strongly agreed or agreed that the quality of care was of a good standard.

We spent time speaking with people during the two days. The views of people who responded to our CSQs, and who spoke to us are reflected here. We also spoke with members of the staff team.

Residents:

- 'The lasses are all very nice'
- 'I'm very comfy here'
- 'They fairly feed us'
- 'I'm kept busy'
- 'Some of the girls are run off their feet because they are short staffed'
- 'Love the gardens'
- 'The food is very good - I'm looking forward to my lunch'
- 'They keep the place very clean'.

Relatives:

No relatives were present during the inspection. However, feedback in our questionnaires highlighted that a relative was happy with the quality of care and the support of staff.

Staff:

- 'The home is looking much more homely now'
- 'It's a nice place to work'
- 'Training is good'
- 'It's really busy'
- 'I think we are working better together'.

## 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
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

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**

We found the performance of the service to be good. We reached this conclusion after we spoke with people living at Lisden, the manager, and staff. People should expect to experience kindness and compassion in the way they are supported and cared for, including physical comfort, when appropriate for them, and the person supporting and caring for them, and that people will listen to them in a way that is courteous and respectful.

We observed staff talking to people respectfully and with a good knowledge of their needs; this meant staff were able to respond effectively to people when they needed support, help or reassurance. We saw that banter was friendly which brought smiles.

We saw good detailing and recording of information and that most care plan records highlighted the assessment and planning of care to promote a person-centred approach. People's health was supported by a range of individualised assessments person-centred which were regularly monitored and audited. Although care plans were evaluated there were some missed opportunities due to the new electronic records system.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. We saw many positive interactions with residents

where staff demonstrated respect, warmth, care, encouragement, and appreciation. What was particularly notable was the sense of positive wellbeing residents demonstrated by lots of smiles, laughter, and interactions where staff engaged.

People were also supported to maintain and develop their interests, activities and what matters to them in a way that they preferred. People told us about a range of activities and opportunities and praised the activity coordinator for their enthusiasm and ideas. 'There is always something to do'; 'They keep us busy here.' The service was looking at ways to extend the garden area to make it more accessible and safer.

The service has been working hard to support people to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors and within the community with 'Kirrie Connections' which is a dementia friendly community hub.

We saw a weekly activity plan which incorporated people's interests. The service and the activity person was keen to further develop this area. We spoke with the management about the need for all staff to 'buy in' to the supporting of interests and activities.

Staff we spoke to were confident when describing their roles and responsibilities to keep people safe from harm, neglect and abuse.

The staff and management were keen to further develop meaningful days and purposeful activities and interests.

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**4 - Good**

People should expect that their personal plan is right for them because it sets out how their needs will be met, as well as their wishes and choices. The service has recently implemented a new electronic care planning system and the staff were in the process of getting familiar with the new system. These plans were informed by a range of assessment tools such as falls assessments, weight recording and malnutrition risk assessments and pressure ulcer prevention assessments. These documents were regularly evaluated to help ensure that information was kept up-to-date.

A good audit system was in place in order to manage the performance of the service. This included systems to ensure that staff were appropriately registered with their professional bodies, training requirements of staff, and the on-going maintenance of the building. We saw that there was a system in place to manage resident's finances; during our inspection, we found that this system was robust and regularly audited.

Residents health needs were supported by ready access to GP's and allied health professionals, such as community nurses, podiatry, opticians and dieticians. This meant that residents and their relatives could be confident that their health needs were being met timeously and appropriately.

Our discussions with staff demonstrated a good understanding of peoples' individual assessed needs and their plan of support. People were assisted to maintain their identity and were treated with dignity and respect.

We saw that team meetings and staff supervision are held regularly. We discussed ways to further enhance supervision notes and observations of practice and left information for the management and staff teams.

New care plan formats had been introduced and although the new electronic system is in its infancy and needs further development, we saw that there were missed opportunities to personalise recordings. The 'tick box' approach sometimes missed out on detailed recordings (evaluations), which were then at times difficult to highlight outcomes.

We have asked the staff to review all documentation to ensure care plans are detailed and , personalised.

The new manager had taken the lead on further developing systems and ensuring audit systems were fully implemented. The team were working better together to improve outcomes and good experiences for the people at Liden.

### Areas for improvement

1. Personal plans should be accurate and up-to-date, providing guidance for staff on how individuals are to be supported to have their needs met. Plans should be further developed to be more person-centred and recordings should be detailed and evaluative.

This is in order to comply with Health and Social Care Standard (HSCS) which states, "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), and "My care and support is consistent and stable because people work together well" (HSCS 3.19).

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

### Requirements

#### Requirement 1

In order to ensure that resident's needs are met by the right number of staff, the provider must by 15 April 2019:

- a) Fully assess the scope of staff's responsibilities on a day-to-day basis.
- b) Ensure resident's needs, including, social, psychological and recreational needs are fully assessed and collated to anticipate and establish the numbers of staff required.
- c) Ensure that factors including; staff training , supervision and the layout of the building are taken onto account when establishing the required numbers of staff

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states, "My needs are met by the right number of people" (HSCS 3.15). It is also necessary to comply with regulation 4 (1) (Welfare of users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

**This requirement was made on 26 March 2019.**

### Action taken on previous requirement

The manager undertakes regular needs assessments to ensure people needs can be met. We saw that additional staff were in place to support units. Appropriate training and assessment were in place to ensure staff remain competent and confident in their role, including access to team meetings, supervision and annual appraisals. This work is ongoing and regularly evaluated by the manager and provider.

**Met - within timescales**

## Requirement 2

In order to make proper provision for the health, welfare and safety of people using the service, the provider must by 15 April 2019:

- a) Ensure that people using the service are fully supported with their nutritional and hydration needs, including assessment of the support required with meals and how the support should be provided. Supplementary records must be accurately completed by staff who have the skills and knowledge to do so.
- b) Ensure that individual care plans fully detail the needs of people using the service and how these needs should be met.
- c) Ensure that supplementary documentation fully supports the guidance provided in the care plan.
- d) Ensure that a system is in place to inform resident's representatives when necessary and needs change or health deteriorates.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states, "I receive high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11). It is also necessary to comply with regulation 4 (1) (a) Welfare of users) of the Social Care and Social Work Improvement Scotland regulations 2011.

**This requirement was made on 26 March 2019.**

### Action taken on previous requirement

The service has systems in place to ensure appropriate monitoring by staff and where additional support is required the staff access community health professionals. We saw auditing systems in place to monitor support plans and assessment documentation to guide care.

**Met - within timescales**

### Requirement 3

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 16 February 2019:

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

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states, "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty" (HSCS 3.18). It is also necessary to comply with regulation 4 (1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland regulations 2011.

**This requirement was made on 16 January 2019.**

#### Action taken on previous requirement

The manager undertakes regular needs assessments to ensure people needs can be met. The admissions process is also supported by this approach. We saw that additional staff were in place to support units. Appropriate training and assessment were in place to ensure staff remain competent and confident in their role, including access to team meetings, supervision and annual appraisals. This work is ongoing and regularly evaluated by the manager and provider. We saw that reviews were regularly held and involvement from people's representatives where this was necessary. Care plans highlighted, where required involvement by multi-disciplinary teams.

**Met - within timescales**

## 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

We found that although there was good detail in the care and support files, the six monthly review documents could be expanded to give a better overview outcomes achieved. Care plans would benefit from better consistency in the recording of clinical governance information and further development of care plans to include visual clues where people had sensory impairments.

This is in order to comply with Health and Social Care Standards (HSCS) which states, "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).

**This area for improvement was made on 30 August 2018.**

## Action taken since then

We saw that care plan information was regularly reviewed and care plans updated where required. Clinical governance information was seen to be up to date and audited by the staff and management. This approach continues by the service.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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 well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good



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