

# Lochleven Care Home Care Home Service

Panmuirfield  
Dundee  
DD5 3UP

Telephone: 01382 775831

**Type of inspection:**  
Unannounced

**Completed on:**  
2 September 2020

**Service provided by:**  
Thistle Healthcare Limited

**Service provider number:**  
SP2003002348

**Service no:**  
CS2005098333

## About the service

Lochleven Care Home is situated on the outskirts of Dundee and is close to local amenities, such as shops, a pharmacy, church, pub and children's nursery. The home is purpose-built, and all bedrooms have en-suite facilities. There are also enclosed garden areas, which can be used by residents and their visitors.

This service has been registered since 2006.

The home is owned by Thistle Healthcare Ltd and is registered to provide care to older people and people with dementia. It is registered for a maximum of 100 residents and is divided into four separate units, each with 25 places.

The home has a service users' charter, which includes:

"The right to retain personal independence and choice, including the right to care for themselves; and to become involved in contributing to setting up objectives through the home's participation strategy".

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate.

## What people told us

We spoke informally with people we met during our visit. People appeared happy and content and looked to be enjoying the company of staff. One person told us 'I would describe the standard of care as good', and another who said 'I've been able to keep in touch with my son throughout.'

## 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 3 - Adequate

#### 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

The focus of this inspection was to evaluate the care and support which people had received during the COVID-19 pandemic. We wanted to explore whether people's rights had been respected and whether their physical, emotional and mental health had been promoted. We also considered the way in which people had been supported to stay connected with their loved ones and to maintain relationships. We found that the service was performing at a good level, with a number of important strengths which clearly outweighed areas for improvement.

We saw positive and respectful interactions between staff and people they supported throughout the duration of the inspection. Staff were aware of people's needs and wishes and we saw care being provided in a calm and organised way. As a result, people's needs were being met promptly and they appeared happy and relaxed within each unit setting.

People living in the service were able to tell us that they had remained in touch with their families throughout the recent lockdown via telephone calls, video calls, window visits and, more recently garden visiting. It was important that people could still see their families during the lockdown. We saw staff engaging in activities with people during the inspection and saw evidence that the home had provided one to one activities and group events in order to keep people engaged and active.

People's physical, mental and emotional health should be promoted and their personal plans should reflect their needs and preferences. We saw good evidence that personal plans were up- to-date and had been reviewed regularly to reflect any changes to people's care. Where plans were in place for end of life care, we saw that people and their families had been included in discussions and decisions and that the plans were detailed and specific. This meant that people could be confident that their care and support would be provided in the way that they wanted.

It is important that older people have enough to drink as dehydration can have a negative effect on health and wellbeing. Records showed that some people were not meeting their daily target for fluids and that opportunities to encourage drinks in the evening and early morning had been missed. Although detailed records were being kept, a better overview of this issue is required in order to make sure people have enough to drink.

#### 7.2 Infection control practices support a safe environment for both people experiencing care and staff.

During an outbreak of COVID-19, the strict infection control procedures are important to make sure people are kept safe. We found that the service's performance in relation to infection control was adequate. During the inspection we saw that most areas in the home were clean, however some areas were not, these included the male changing rooms, communal kitchens and fridges where a deep clean was required to lessen the risk of cross infection. In the communal kitchens particularly we saw that surfaces, cupboards and shelves were damaged and the décor was tired. These areas required to be refurbished to ensure they could be cleaned effectively. The manager had developed an action plan with completion dates by the end of the inspection. We also saw that cleaning of these areas had started. **(See area for improvement 1.)**

Important communal spaces, such as the lounge, were spacious and generally free from clutter, however in

one assisted bathroom we saw that this had been filled with plastic bags, boxes and equipment. Discussions around removing some clutter were held with the manager during the inspection. This was important to enable thorough cleaning of the home and meant that people were protected as staff were taking all necessary precautions to prevent the spread of infection.

All staff had a good understanding of infection prevention and control, particularly around COVID-19 and their role in making sure that guidance was being followed. There was good communication between staff to make sure that they were aware of any risks/precautions in place. When we spoke with staff they were knowledgeable about infection control, however we saw that best practice was not always being followed in the safe disposal of clinical waste. We saw several examples of personal protective equipment (PPE) being discarded in general waste bins, and in one case this was disposed of in a resident's room in a swing bin without a bin liner. In addition we saw that PPE was stored openly in bathrooms and toilets meaning that it was open to contamination by water vapour and other airborne droplets and particles. We discussed this with the manager who took immediate action to address this. **(See area for improvement 2.)**

We saw that staff were providing care in a way that supported safe social distancing wherever possible. In addition we saw that the service had guidance and checks in place to inform practice and provide assurance on the cleanliness of the environment and care equipment. During the inspection we saw good practice, by all staff in relation to PPE and hand hygiene. We saw records of regular auditing by the management team to ensure that managers regularly checked that staff were using PPE correctly.

We saw that there was an enhanced cleaning schedule in place. Tasks were signed off by staff and these were checked by the housekeeper to make sure they were completed to a high standard. We discussed with the manager ways of improving these checks and ensuring that they covered all areas of the home to ensure that these were all cleaned to a high standard. We saw the manager had further developed and implemented these audits by the end of the inspection.

We saw that there were wall mounted dispensers for Alcohol Based Hand Rub (ABHR) throughout the home as well as PPE stations which meant that staff could access these as they needed.

Visitors would normally have completed a health questionnaire prior to being allowed to enter the building, however this was not the case for staff. We discussed this with the manager who told us that the staff group was too large to be able to have their temperatures taken because of the time and resources this would take. Staff were tested for Covid-19 on a weekly basis as a further safeguard for them and people living in the service.

The home had an infection control policy. This covered most key areas required and set out good practice for the home. The service previously had an outbreak and were fully aware of the arrangements they would need put in place should a resident test positive for COVID-19 and how they would cohort staff and residents in the event of an outbreak.

We saw that the home had a system for the safe laundering of clothes and linen and met best practice guidance in relation to infection control. We saw that the laundry was clean and well organised and staff worked very hard to minimise the risk.

### **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

We found the service performance in relation to staffing to be good. This evaluation applied to performance that demonstrated several important strengths which, taken together, clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

Staff told us that they had received training in infection control, donning and doffing of PPE and handwashing. Training records we saw confirmed nearly all staff that were at work had completed this training. This included staff who were not involved in providing direct care for people. As a result of this training, staff were able to describe how they were supported to keep themselves and people who use the service safe.

We saw that in the service there was PPE available throughout the home that staff could access when they needed to. We saw that staff were wearing appropriate PPE for the tasks they were undertaking. Staff told us they felt safe at work. We saw that COVID-19 specific supervision had been carried out to help ensure staff were able to explain when and what PPE they should be wearing for the support they were providing. This helped to minimise the risk of spreading infection between people.

During the inspection, we saw that some PPE had not been disposed of appropriately and there were some areas of the home that were not clean. This did not demonstrate that all staff had used their training consistently and could increase the risk of infection spreading. The manager and senior staff addressed this with staff during the inspection and a further check was added to the regular cleaning schedules and environmental audits.

The manager told us the staffing situation was currently stable and that they were regularly working with additional staff over and above what they had assessed was required. This had provided additional support for people but also for the staff team during a challenging time. We saw that staff were visible and available to people and did not have to wait long when they asked for support.

Staff told us that they felt safe at work and were well supported by their peers and the manager. This included the opportunity to discuss difficult situations and bereavement support. There was supportive and visible leadership that enabled them to voice their concerns, share ideas and explore ways to promote resilience. This helped to build a staff team that were consistent in the support they provided for people.

### Areas for improvement

1. The provider and manager to continue to ensure that all areas of the home and equipment are checked routinely for cleanliness and safety. Appropriate action must be taken to promote effective infection prevention and control in the home.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. The provider and manager should continue with the improvements made in ensuring that there are safe systems and facilities in place to dispose of clinical and general waste.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).



## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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