

Lomond View Care Home Service

The Pleasance
Falkland
Cupar
KY15 7AR

Telephone: 01337 857521

Type of inspection:
Unannounced

Completed on:
10 March 2021

Service provided by:
Barrogil Limited

Service provider number:
SP2004004455

Service no:
CS2012314145

About the service

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 (Kingdom Homes) and is registered to provide care to a maximum of 50 older people. During the inspection 46 people were residing in the home.

The home comprised of three floors, each having its own communal sitting and dining areas. Bedrooms were all ample size and have en-suite toilet and shower facilities. Pleasant garden areas surrounded the building.

This service has been registered with the Care Inspectorate since 14 October 2013.

The service's statement of aims and objectives includes:

"The care and support provided will assist those who move into Lomond View to retain existing skills and abilities and develop new ones; to ensure a service of the highest quality that will improve and sustain the service users overall quality of life in a person-centred manner; to ensure that the care service is flexible, attentive and in a non-discriminatory fashion while respecting each service user's right to independence, privacy, dignity, fulfilment and the right to make informed choices; provide stimulation and encouragement to take part in activities and social events; involve service users and their family and friends in the day-to-day running of the service".

This was a focused follow up inspection to evaluate how the service has responded to the requirements and areas for improvement made at the previous inspection during the COVID-19 pandemic.

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

What people told us

The views of people using the service were not formally gathered. Over the course of the inspection visit we observed that people appeared happy, relaxed and they responded positively to staff interactions and assistance.

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?	2 - Weak
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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?

2 - Weak

During an outbreak of COVID-19, the application of strict infection control procedures is paramount to make sure people are safe. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of all people experiencing care and the workforce. We found that the service was performing at a weak level, which meant priority action was required.

The cleanliness in most areas of the home such as lounges, toilets, bathrooms, corridors and bedrooms was satisfactory. However, levels of cleanliness in some parts of the home such as the kitchen areas in the dining rooms were poor and required immediate attention to help minimise the potential spread of infection. For example, a hand-washing sink was dirty, the hot food trolleys were dirty and unit tops and splashbacks were stained with food spillage. Some food and drinks in the fridge and on worktops were not labelled with the date of opening, which meant people could be eating and drinking things that are out of date; this compromises people's health and safety.

All clinical waste must be appropriately stored out of public access in accordance with HSE (Health and Safety Executive) and NIPCM (National Infection Prevention and Control Manual) guidance to minimise the risk of exposure to infection. The management of clinical waste was not satisfactory which caused risks to staff, people living in the home and visitors. For example, there were no clinical waste bins available in toilets and bathrooms, the external clinical waste bin was unlocked and a full clinical waste bag was on the ground beside the bins. We saw clinical waste discarded in the car park.

PPE supplies were good and available for staff throughout the home. Some staff did not follow best practice by wearing their PPE during break times when they left the building. This increases the risk of the transmission of air borne infections.

We found one of the cleaning cupboards unlocked which residents had access to. This meant their safety was compromised as they had access to poisonous liquids and could have become locked in the cupboard. We have addressed this with the service before and improvements were made; it was disappointing to find this again. It is therefore evident from our findings at this inspection that the systems and processes in place to provide assurance that people are being kept as safe as possible are not good enough. See requirement 1.

Requirements

1. By 26 March you must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection. In particular you must:

- a) ensure that the premises, furnishings and equipment are clean, tidy, and well- maintained
- b) ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in place to ensure that the environment is consistently safe and well maintained
- c) ensure that safe infection control practices are adhered to by all staff at all times
- d) ensure that clinical waste is stored safely and in a manner which takes account of the most up-to-date guidance from Health Protection Scotland
- e) ensure that all fridges where food stuff is stored are clean and all food stored within them is date labelled
- f) ensure that cupboards containing substances hazardous to health are kept locked at all times.

This is to comply with Regulations 4 (1) (a) and (d) (Welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. In order that people's care and support is planned, regularly reviewed and updated when needs change, the provider must ensure by 21 April 2021 that personal plans are in place which outline how people's health, welfare, choice and safety needs are to be met.

This must include anticipatory care planning. Evidence that people have been involved in developing the plan must be included.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12) and "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 in order to comply with Regulation 5 - Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Areas for improvement

1. 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 is to ensure that care and support is consistent with the Health and Social Care Standards which state 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).

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 which state that: "I can be meaningfully involved in how the organisations that support and care for me work and develop." (HSCS 4.6).

3. The service provider should ensure that all people using the service have an assessment completed on admission and developed into a plan of ongoing care as soon as is reasonably practicable. The admission assessment and plan of ongoing care should identify care needs and how these will be met using best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14).

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 people get the medication they need, the provider must put in place an effective medication management system by 05 October 2020. This should include ensuring all staff sign and date when they transcribe any GP's instructions.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24) and in order to comply with SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people.

This requirement was made on 10 September 2020.

Action taken on previous requirement

This requirement was made as the result of previous inspections. During the last inspection some improvements had been made, however, we still saw that although handwritten entries were being signed by two people, the entries were not dated. This meant there was no way of knowing when changes to the Medication Administration Records (MARs) were made. We also found omissions on one MAR chart and, due to an ineffective stock checking system, it was not clear whether this was a recording error or if the person had not received their prescribed medication.

Since the last inspection the service had started using an electronic EMAR (Electronic Medication Administration Recording) system. This highlighted any omissions and dictated the need for staff to input the reason for the error and the action taken. Prescriptions could be added manually but two staff signatures were required and the start date was automatically generated. We looked at the home's report on the system which showed no outstanding errors. The report was checked every morning and evening by the management team.

Met - within timescales

Requirement 2

In order that people's care and support is planned, regularly reviewed and updated when needs change, the provider must ensure by 05 October 2020 that personal plans are in place which outline how people's health, welfare, choice and safety needs are to be met.

This must include anticipatory care planning. Evidence that people have been involved in developing the plan must be included.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12) and "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 in order to comply with Regulation 5 - Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 10 September 2020.

Action taken on previous requirement

This requirement was made as the result of previous inspections. It was made because some support plans were of poor quality and assessments were not always completed, meaning individuals' needs were not always clearly identified or effectively planned. This included end of life care plans and stress/distress care plans.

At the last inspection this requirement was not met and we changed the timescale to 16 February 2021 for the new manager to make the necessary improvements.

During this inspection we found that some improvements had been made but more work is required to meet the requirement. We have extended the timescale again to support further improvement.

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 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 is to ensure that care and support is consistent with the Health and Social Care Standards which state 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 10 September 2020.

Action taken since then

This area for improvement was made as the result of previous inspections. It was made because there was not adequate signage to help people find their way around without help. At the last inspection this area for improvement had not been met. The new manager told us she had already identified this and improvements would be made.

During this inspection the management team told us discussions have taken place on the most appropriate signage for the home. Once agreed, the signs will be purchased and installed. We will follow this up at the next inspection. This area for improvement was not met.

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 which state that: "I can be meaningfully involved in how the organisations that support and care for me work and develop." (HSCS 4.6).

This area for improvement was made on 8 August 2018.

Action taken since then

This area for improvement was made as the result of previous inspections. It was made because the limited amount of feedback obtained, regarding possible areas for improvement, meant that the service improvement plan could not fully reflect people's wishes and aspirations.

We did not address this area for improvement during this inspection.

Previous area for improvement 3

The service provider should ensure that all people using the service have an assessment completed on admission and developed into a plan of ongoing care as soon as is reasonably practicable. The admission assessment and plan of ongoing care should identify care needs and how these will be met using best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14).

This area for improvement was made on 11 December 2019.

Action taken since then

This area for improvement was made as the result of previous inspections. It was made because further improvements could have been made to some respite care plans.

We did not address this area for improvement during this inspection.

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 good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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