

# Letham Park Care Home

## Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
8 July 2021

**Service provided by:**  
Renaissance Care (No1) Limited

**Service provider number:**  
SP2011011731

**Service no:**  
CS2011303093

## About the service

The service registered with the Care Inspectorate on 14 November 2011 to provide care and accommodation for up to 70 older people. During the inspection there were 59 people using the service.

Letham Park Care Home is a care home service, owned and operated by Renaissance Care (No 1) Limited. The service is situated in a residential area to the north east side of Edinburgh, close to local shops and other amenities. It is accessible by public transport.

The home consists of two buildings surrounded by landscaped gardens including car parking. Mathieson House at the front of the grounds is a refurbished Victorian property. It provides private residential care for 20 residents. The second building, the Garden House, is to the rear of the grounds and provides care and support for 50 residents. Within the Garden House there are three units called Islay, Arran and Skye.

This inspection was carried out with a focus on Key Question 1 How good is our care and support? and Key Question 7 including 7.2 and 7.3. We followed up on areas for development from the most recent inspection which took place on 15 September 2020 and from previous regulatory work.

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

## What people told us

We spoke with six families as part of the inspection. Families were very complimentary about the quality of care and said that staff were bright and cheerful and always smiling. They were also complimentary about how the service managed through the Covid-19 pandemic. They described how they were kept up to date and felt communication had improved since a new manager had come into post.

Comments we received from families new to the home included:

"I am very impressed so far, we had a string of nurses at home in the community and their wounds never healed. It is clearing up now, like a miracle."

"From what we have seen we are incredibly impressed. We are just so relieved, the difference is night and day. We didn't think he would make it. We don't know if he would be here if it were not for the care home."

"They have improved considerably since coming into the home. They have got their independence back. Their anxiety has fell away as they are now around people."

We spoke with many residents as we went around the home. Residents' views centred around having to wait for staff to come and being bored. Residents on the top floor were asking to go outside but had to wait until the afternoon for activity staff to take them. Comments included:

"It's alright, sometimes I get bored. Most staff are ok, some don't speak to me, it's all right."

"Let's put it this way I have to stay here. Some staff are nice, doors keep banging. I don't like the food. It's not what I would have at home."

"Staff are OK until something goes wrong. They do their best. I want to go into the garden but I can't go."

"Yes it's ok. I can't say too much. It's fine."

Some residents could not give us their views. As they waited for staff help they displayed symptoms of stress and distress. We saw that when staff attended to them they looked comfortable and staff appeared to know how to help them.

Views from external visiting professionals were that the service had improved under the direction and leadership of the current manager. The need for more staff was a common theme from their feedback.

## 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?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	2 - Weak

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

## How well do we support people's wellbeing?

**3 - Adequate**

The service performed at an adequate level for the key question: How well do we support people's wellbeing? There were key strengths in the performance of the service which supported people and had a positive impact on their wellbeing. These strengths needed to be built on to reduce the elements of performance that did not contribute to positive experiences and outcomes.

Residents were respected, and they were treated with dignity and respect when staff attended to them. Warm and caring interactions were seen between most staff and residents. We discussed with the manager one occasion where staff could have assisted a resident more supportively. Residents' views and preferences were actively sought when planning and delivering care and support. Due to staffing levels, care and support was delivered around routine tasks with little time to accommodate spontaneity. Residents' needs were attended to but they often had to wait.

Opportunities for meaningful activities mainly focused on group activities with the activity staff. Residents became animated and engaged when staff spent time with them but these opportunities were limited. Residents would benefit from more opportunities to maintain and develop their interests and be able to use the garden when they asked. Choices were limited by staff availability.

Recently admitted residents had benefited from improvements in their health and wellbeing. There was evidence of partnership working with external health and social care professionals to plan and improve care.

Communication with families during times when visiting was restricted was good and the manager and staff continued to follow Scottish Government guidance "Open with Care" to maximise opportunities for visiting to take place and for outings to resume.

Anticipatory care planning provides an important opportunity to have conversations with individuals, carers and loved ones about the type of care that they would like to receive should they become unwell. Anticipatory care plans were in place and there was clear evidence of personalisation following discussion with residents and others involved in their care.

The staff team were well led by supportive and visible management in the home. Performance was constrained by the number of staff available to assist residents throughout the day and at critical periods such as mealtimes and evenings. Further improvements could be made to support good outcomes for people. Good systems of audit were in place which identified where improvements needed to be made. Staff needed more time to implement the improvements.

Where food and fluid monitoring was needed, there were no targets set and no actions put in place when food and fluid intake was poor. There was an awareness of the need for food fortification but residents were still losing weight. We made suggestions about providing more detailed information to help staff fortify food and suggest suitable alternatives to tempt residents when they didn't want what was offered. Some simple changes such as changing from sugar free drinks could improve calorie intake. Whilst we were informed of people's preferences and choices for snacks, we did not see these freely available.

It is important for people to be relaxed and comfortable when they are eating. A review of the dining experience was needed to maximise opportunities for eating and drinking and create a calm, restful atmosphere to encourage residents to enjoy mealtimes. Dining areas were basic, furniture was tired and marked. **See area for improvement 1.**

Care plans were personalised, well set out and focused on what was important to people. The home recognised that keeping in touch with family and friends was so important and had care plans which set this out. There were improvements in care from previous inspections. For some residents important information was not always included and recorded. Staff needed the time to record the information which they knew about residents to improve the consistency of care and help with the evaluation of care.

For one resident a review of their wheelchair to give them more independence and control would have improved their health, wellbeing and symptoms of stress and distress.

Residents admitted with existing skin damage had improved through the care they received in the home. Some improvement was needed to the measures used to prevent skin damage. Specialist mattress needed to be regularly checked and cleaned. Settings needed to be clearly displayed to allow staff to carry out setting checks effectively. The frequency of planned repositioning should be clearly documented and recorded. For one resident, injuries and bruising was not appropriately recorded on body maps. Using body maps helps to evaluate residents' injuries and plan for safe and effective care. **See area for improvement 2.**

Some improvements were needed to medicines management. There were gaps in recording when medicines had been given. For one resident prescribed regular analgesia it was not given, it was unclear why and whether there had been a review and assessment of pain. Handwritten medicines records did not record medicine allergies. Covert medication protocols did not show that the appropriate authority had been obtained in line with the Mental Welfare Commission best practice guidance and Adults With Incapacity (AWI) legislation, nor that pharmacy advice had been sought and received. **See area for improvement 3.**

Staffing availability meant that care and support was delivered around routines and tasks. When staff supported residents they did so with good knowledge of the resident and in a caring way. However, residents had to wait too long for care and this led to stress and distress. We have made a requirement about staffing in **Key question 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

## Areas for improvement

1. In order to support good outcomes to meet people's nutritional needs, the provider should:
  - review food, snack and fluid provision
  - review the dining experience to maximise dietary intake
  - make sure the food and fluid monitoring records are fully completed and analysed to guide staff to support individuals nutritional intake
  - make sure staff have access to best practice guidance in nutritional care for food fortification.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:  
 'My care and support meets my needs and is right for me' (HSCS 1.19)  
 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible. (HSCS 1.35).

2. In order to support good outcomes for people experiencing care, the provider should take steps to review the care of people's skin. This should include:
  - ensure mattresses are set appropriately
  - completing repositioning charts including the frequency of repositioning
  - ensuring any injuries, bruises or skin damage is appropriately recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:  
 'My care and support meets my needs and is right for me' (HSCS 1.19)  
 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

3. In order to support good outcomes for people experiencing care, the provider should make sure that medication management is improved. This is to include:
  - administering prescribed medication
  - recording dates of opening on topical medication
  - using an appropriate code when medicine is omitted
  - following best practice guidance when covert medicines are being used
  - seeking pharmacy advice for mixing medication.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:  
 'My care and support meets my needs and is right for me' (HSCS 1.19)  
 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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

**2 - Weak**

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

During an outbreak of Covid-19 the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. 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 staff.

We found the performance of the service in relation to infection control practices to support a safe and clean environment to be weak. An evaluation of weak applies where strengths can be identified but these are compromised by significant weaknesses.

The service had good supplies of personal protective equipment (PPE) which was accessed at points throughout the home. Laundry and waste management processes were managed appropriately.

Staff had received training in prevention and control of infection and Covid-19 specific training. Leaders carried out regular observations and audits of practice.

The manager and staff were able to recognise and respond to suspected or confirmed cases of Covid-19, including following local reporting procedures and following advice and guidance from Health Protection Scotland.

People should experience an environment which is well looked after with clean, tidy, and well-maintained premises, furnishings and equipment. Levels of cleanliness in the home were weak. Bedrooms were generally clean and tidy but items of equipment such as bed bumpers, crash mats, mattresses, seating, tables and hoists were not clean. There were instances where tables, wood work and carpeting were damaged and could not be effectively cleaned. There was not a consistent approach to cleaning frequently touched surfaces and not enough cleaning staff to carry this out.

Handwashing facilities were difficult to access because of equipment storage. Alcohol based hand rub was not always available at PPE stations.

Action had been taken to source chlorine based cleaning products for floors. It was unclear if the correct product was being used on other surfaces. The management and housekeeper attended the cleaning specification webinar and planned to update cleaning schedules based on new guidance. **See requirement 1.**

Since the last inspection some redecoration had taken place and was ongoing. Some areas of the home were stark and unhomely. Seating was ripped and worn, curtains were falling down, furniture broken. The manager had identified and purchased equipment, bedlinen and crockery. Some repairs had been carried out and carpets changed. However, this had not changed the difficulties posed by the environment nor the aesthetics. A review of the whole setting is needed to make sure that the home is a homely, comfortable environment that is adapted for high quality care and support. The furnishings and fixtures should be intact so that they can be maintained and kept free from the risk of cross infection. Planned refurbishments have not yet taken place. There were areas of the home that remained unhomely and uninviting. A detailed plan with timescales is needed. **See area for improvement 1.**

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

Staff had been recruited using best practice for safer recruitment with the appropriate checks taking place.

Staff benefited from personal and professional wellbeing support that included debriefing, and management support from visible leaders. The manager had worked hard to build a cohesive team of staff who worked well together in their units. There was further work to do to integrate staff in the Letham House and Mathieson buildings.

Systems were in place to assess people's basic care needs. There were no other measures used to show what additional staff time is required. It is important that all aspects of care including the physical, social and emotional needs of residents are considered and met. Staff worked hard. This was driven by tasks. Some aspects of care were missed which affected outcomes for residents.

Despite staff's best efforts care and support was basic and there was little time for speaking with residents, supporting them with their interests, or to fulfil other duties such as enhanced cleaning or record keeping.  
**See requirement 2.**

## Requirements

1. By 3 September 2021 the provider must ensure that the care environment is clean and maintained in a way that supports effective infection prevention and control. In order to achieve this, the provider must:

- (a) put effective systems and processes into place to ensure that the care environment is clean
- (b) ensure that detailed standard operating procedures are in place and available for staff who are expected to clean items of equipment
- (c) ensure that environmental cleanliness is effectively monitored, recorded and evaluated and where improvements are required, a plan of action is put in place to address them timeously
- (d) ensure that facilities for good hand hygiene are in place and that this is carried out following all contacts with individuals or frequently touched areas.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) and (d). This is consistent with the Health and Social Care Standards:

5.17. 'My environment is safe and secure'

5.22 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'.

2. By 3 September 2021 the provider must ensure that there are the right number of staff on duty to ensure people's physical, psychological and social care needs are met. There must be sufficient staff to respond to people's needs timeously. Sufficient staff must be available for effective cleaning of the home. The numbers of staff should be determined by a robust assessment of people's needs, taking into account the complexity and also include all of the duties additional to care and take into account the layout and safety of the premises.

This is in order to ensure that staffing 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) and 'People have time to support and care for me and to speak with me.' (HSCS 3.16). This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011), Regulation 4(1)(a)-Welfare of users.

## Areas for improvement

1. The provider should ensure that planned refurbishments of the home are carried out. A detailed plan with timescale should be submitted to the Care Inspectorate by 5 August 2021.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) and (d). This is consistent with the Health and Social Care Standards;

5.17. 'My environment is safe and secure'

5.22 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'.



## 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

The provider should ensure that good hand hygiene is carried out following all contacts with individuals or frequently touched areas.

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS4.11)

**This area for improvement was made on 15 September 2020.**

#### Action taken since then

We have made a requirement under Key Question 7.2 which takes account of this issue.

#### Previous area for improvement 2

The provider should ensure that deep cleaning is carried out effectively and that cleaning agents are always used in line with national guidance.

This is to ensure that care and support is consistent with 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)

**This area for improvement was made on 15 September 2020.**

#### Action taken since then

We have made a requirement under Key Question 7.2 which takes account of this issue.

#### Previous area for improvement 3

The provider should ensure that planned refurbishments of the units are carried out timeously.

This is to ensure that care and support is consistent with 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)

**This area for improvement was made on 15 September 2020.**

#### Action taken since then

We have made an area for Improvement under Key Question 7.2 which takes account of this issue.

## Previous area for improvement 4

To make sure people experience care and support in a responsive, respectful and dignified manner staff should understand the outcomes that people can expect, as described in the Health and Social Care standards. Staff should be supported to explore the values that underpin the standards and consider how they adopt those values in their everyday care practices.

This is consistent with the Health and Social Care Standards that state:

3.1 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention'.

3.9 'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me'.

3.17 'I am confident that people respond promptly, including when I ask for help'.

3.21 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'.

**This area for improvement was made on 27 June 2019.**

### Action taken since then

Staff treated people in a respectful and dignified manner when they were available. Unfortunately people were not always responded to at a time when they needed care. Staffing levels in the home significantly impacted the care. We have made a requirement, see Key Question 7.3.

## Previous area for improvement 5

To ensure people with dementia are well supported, it is recommended that the skills, knowledge and expertise of staff in relation to dementia care are improved. Staff should undertake training that corresponds to all three levels of training contained within the Promoting Excellence in dementia care framework; informed, skilled and enhanced.

This is consistent with the Health and Social Care Standards that state:

2.8 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs'.

3.14 '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'.

**This area for improvement was made on 27 June 2019.**

### Action taken since then

Staff were undertaking training in dementia care that corresponded to their role. We were confident that the manager had agreed to continue this work and ensure that any new staff received training. This area for improvement is met.

## Previous area for improvement 6

People will have confidence that their needs are met by sufficient numbers of staff who have time to support, care and speak to them. The service should review their staffing levels in relation to people's needs and wishes.

This is consistent with the Health and Social Care Standards that state:

3.15 'My needs are met by the right number of people'.

3.16 'People have time to support and care for me and to speak with me'.

3.17 'I am confident that people respond promptly, including when I ask for help'.

**This area for improvement was made on 27 June 2019.**

#### Action taken since then

We have made a requirement under Key Question 7.3 which takes account of staffing.

#### Previous area for improvement 7

To make sure people's assessments and planned care reflects things that are important to them, they should be involved in and central to assessment and planning care and support. Where relevant, significant others identified by the resident should be involved.

The plans should cover needs and wishes and be accessible to the person, concise and easy to read. The plans should include, but not be limited to supporting people to:

- i) maintain hobbies and interests which may involve positive risk taking
- ii) be as independent as possible which may involve risk enablement
- iii) highlight what is important to them.

This is consistent with the Health and Social Care Standards which state:

1.12 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'.

1.15 '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'.

2.24 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life'.

**This area for improvement was made on 27 June 2019.**

#### Action taken since then

Good progress was being made in care planning. There was good person-centred information in the care plans which included what was important to people and who should be involved in their care. There was also good information about how to support people to meet their needs. Anticipatory care plans were in place which made people's wishes known for their future care. Work was ongoing to make sure there was a consistent approach to how care plans were set out.

Although we identified one resident that did not have an aspect of their care recorded, we have seen sufficient improvement and this should continue to be extended for all residents, especially those with complex care needs. We will continue to monitor care plans at future inspections.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support 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	2 - Weak

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