

Lunan Court Care Home Service

Albert Street
Arbroath
DD11 1RA

Telephone: 01241 430 041

Type of inspection:
Unannounced

Completed on:
15 July 2021

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300751

About the service

Lunan Court is a purpose-built care home providing accommodation over two floors, located near the centre of Arbroath. The service is registered to care for up to 44 older people, including people living with dementia. Nineteen people live on the ground floor and there is lift access to the upper floor which is a Memory Care unit for 25 people. All bedrooms have an ensuite WC and wash hand basin. Each floor has a combined lounge and dining area as well as accessible bathroom and shower rooms. At the time of this inspection, there were 44 people living in Lunan Court. The home benefits from views over the sea as well as an accessible garden with a summer house.

The provider, HC-One Limited, states: 'At HC-One our experienced home managers and members of staff ensure kindness is at the heart of everything we do'. This service has been registered with the Care Inspectorate since 31 October 2011.

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

During the inspection we spoke informally with people using the service, they told us that they were happy living in the home and that they were well looked after by friendly staff. We saw some nice interactions between staff and the people they were supporting, residents and staff were relaxed comfortable in each other's company.

We spoke with five relatives during the inspection, one who was visiting the service and a further four by telephone, they told us:

'There is a regular newsletter that is really good and keeps us all up-to-date. They have a Facebook page as well, we have reviews, they always keep me updated on everything, I'm always aware of who's in charge when I go in, staff are absolutely fine they are always helpful, any issues they let me know.'

'Service is absolutely fab, wonderful, really accommodating to any requests, dad has a keyworker and they keep in regular contact.'

'Feel reassured by the service, the staff and manager really make it, no concerns, I know they really do their very best, they keep a note of Fluid/Nutrition, no issues with meals, there are activities available - they are getting better'.

'Communication is good, staff keep in touch, there are regular reviews or updates, they really show concern with everything, my mother is very hard of hearing and they all really do take their time to communicate with her and listen to her and the meals are good.'

'No issues with meals/nutrition - mum eats like a horse.'

'Mum is very frail and doesn't really take part in activities, they always chat away to her. Great service, they care so much, can't praise them high enough, they all care that's what they do.'

'It's a great service staff are fantastic; they keep you up-to-date and are always very accommodating. We have reviews. I have total confidence in them they look after mum keep her tidy really care for her, look after her laundry always keep me up-to-date, staff are friendly, respectful, the staff work hard but seem to be happy in everything they do, always approachable, friendly, they take their time and seems to be enough staff, they are always chatty and in good humour.'

'Very happy with service, staff are great, mum has made massive progress since moving in in Feb this year, put on weight and looking fitter, she loves the staff they are always cheerful, happy and have a really good rapport with her. Staff have a nice way with them.'

'Management always helpful go out of their way to make everything work, kept in touch by keyworker/staff, they have a newsletter and a Facebook page which is really helpful lots of information.'

'Very accommodating re visits as I work shifts but they always manage to sort something - really helpful'.

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

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|--|--------------|
| How well do we support people's wellbeing? | 4 - Good |
| How good is our care and support during the COVID-19 pandemic? | 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

We assessed the service to be at a good level for this quality theme. This means that there were a number of strengths which, when taken together, clearly outweigh areas for improvements.

We received very positive feedback from everyone that we spoke with during our inspection of this service. We found that residents were supported at a relaxed pace, and that staff demonstrated kind and patient approaches when supporting people. We spoke to relatives, who told us that staff were good at ensuring that they were kept up to date with any changes, and that visiting was supported in line with Scottish Government guidance 'Open with Care'.

It is important that people are supported to maintain their interests, activities and hobbies that are important to them. We saw that a range of activities were offered, which were arranged by two wellbeing coordinators, however there was limited information about people's likes/dislikes in relation to meaningful days within support plans. We discussed the importance of all staff being engaged with activities and the documentation of these in support plans.

We found that on the day of our inspection, the mealtime experience could be improved. We found that people who required assistance, had to wait for a prolonged period for assistance. This meant that some people were more distressed, which impacted on other residents. It is important the people's preferences are supported, however we observed that some people were not given a choice about wearing clothes protectors, which unnecessarily increased distressed behaviours. We have continued an area of improvement in order for the service to review how people are supported at mealtimes. **(See area for improvement 1).**

We looked at a sample of support plans, which set out the support required for each individual, and which were reviewed regularly. We were pleased to see that people had anticipatory support plans in place and had discussed with their families how they wanted to be supported at the end of their lives. We found that there were good links with peripatetic professional support, such as GP's, District Nurses, Dietician's and others in all the support plans that we sampled. This meant that people had good access to wider healthcare teams when they needed it and had received appropriate and responsive care and support.

We found that in some cases, support plans had not been updated as people's needs had changed, or charts used to document wound care, had not been completed as stated in the service's own protocols. In addition, although support plans described the kinds of behaviour likely to result in the administration of 'as required' medication, these plans did not clearly set out the strategies that staff should use to support people to minimise the use of medication, and at which point medication should be offered. This meant that there was a risk that staff may not use consistent approaches when supporting people. **(See area of improvement 2).**

Medication systems were well managed, with good records of administration of both oral and topical medications. This meant that we could be confident that people were receiving their medication in line with the prescriber's instructions.

We found that although regular reviews had taken place, these tended to provide a summary of support, rather than explain how people had been supported to achieve agreed outcomes and set new ones. We discussed ways in which the service could strengthen these documents to ensure that reviews reflected how the service had supported people's current outcomes, and those going forward.

Areas for improvement

1. The service should undertake a review of mealtimes to ensure the individual needs of residents are being met. In order to achieve this, the provider should:

- 1) Assess the needs of residents during the mealtime and deploy staff accordingly.
- 2) Ensure that the environment is suitable and that people have access to appropriate equipment in order to promote independence.
- 3) Ensure there are visual prompts, such as menus on the tables, to inform residents of the meal and choices being offered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'If I need help with eating and drinking, this is carried out in a dignified way and personal preferences are respected.' (HSCS 1.34); and 'I can enjoy an unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35).

2. The service should ensure that information in support plans is person centred and reflect people's assessed needs; this should include social and wellbeing needs in addition to clinical needs. Support plans should reflect:

Clear, up to date information about how people should be supported when stressed or distressed, being clear about when medication should be administered.

Wound care plans should be up to date and regularly audited to ensure treatment plans are up to date and old ones are removed.

Reviews should be person centred and reflect how the service has met assessed needs.

Food/fluid charts should be accurately completed to ensure that information is clear when referring on to peripartetic supports.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22), and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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

3 - Adequate

7.2 Infection prevention and control practices are safe for people experiencing care and staff.

We visited the service on the 13, 14 and 15 July 2021, during these visits we evaluated how well infection control practices support a safe environment for people experiencing care and support. The home is based in a two-storey building with 44 rooms and accessible communal areas. We concluded that people's welfare and safety was promoted, and that the provider, manager and staff had taken adequate action to ensure people were kept safe during the pandemic.

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 people experiencing care as well as all staff.

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and these were being carried out in line with best practice guidance. This meant that vulnerable residents were safer because staff who tested positive could self-isolate quicker.

The home had enhanced cleaning schedules and we observed staff cleaning frequently touched areas throughout the inspection. However recently introduced records of this cleaning were not always being completed making it hard to tell if these areas had been cleaned. **(See requirement 1).**

There were enough handwashing facilities in the home, however at mealtimes we would like to see more support for residents who required support with hand hygiene.

Staff spoken with were very knowledgeable about the actions they should take in order to keep themselves and the residents safe. We also saw that they promoted social distancing and wore PPE appropriately.

On the first day we saw that in some areas, hard to reach places were not always as clean as they should be. Staff were not always disposing of their PPE safely by placing this in general waste bins. Some areas such as nursing offices and treatment rooms were cluttered and dusty and there were plastic plants and ornaments in communal areas which were hard to keep clean. The staff changing area was not as clean as it should be with lockers and surfaces requiring to be decluttered and outside clothes being hung up together. We discussed these issues with the manager who took prompt and immediate action.

By the second day of our visit significant progress had been made to addressing these issues, some were in the process of being completed as some areas, despite being cleaned, required to be refurbished as fixtures and fittings still posed a risk of cross infection. An area for improvement which was made following the last inspection in relation to the planned refurbishment of the home will be restated. **(See area for improvement 1).**

We saw that where necessary new equipment had been ordered and plans for the refurbishment of the home were to be forwarded to the Care Inspectorate. Clinical waste bins had been placed in areas of direct point of care which meant that staff could dispose of clinical waste safely.

The systems and processes in place to deliver and provide assurance that the home was cleaned to an acceptable standard to minimise the risk of transmission of Covid-19 from exposure to the environment were mostly good enough. We discussed how Infection Prevention and Control audits could be improved to address some of the issues we identified during the first day of our visits.

Overall, over the three visits we found the environment of the home was generally clean and the manager had been proactive in addressing the issues identified on the first day. The provider and manager should give further consideration to enhancing the effectiveness of IPC and doing so will help minimise the potential spread of infection. We have made this a requirement. **(See requirement 1).**

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes.

Staff told us about the training that they received in relation to infection control practice, including, putting on and taking off Personal Protective Equipment (PPE) and handwashing. We saw staff were using PPE correctly.

Staff told us how they were using the training they had received to inform practice, we saw staff working hard to provide good support to people.

We saw that the staff team had completed training about Covid-19, this training supported staff to keep the residents and themselves safer from infection or cross-contamination. Management of the service carried out Covid-19 compliance audits which included spot checks on things like the correct use of PPE and handwashing. They also provided support for ongoing learning and development across the staff team.

Staff laundered their own uniforms and were able to describe best practice in the transporting, temperature for laundering and storage of these.

Staff told us that they had access to regular supervision. As a tool for supporting staff regular supervision helps the workforce to improve outcomes for people. They also told us they had access to regular team meetings to discuss practice, share ideas, and discuss concerns. These processes helped staff to stay up to date with best practice guidance and be able to support people better.

As well as regular supervision, staff also told us they had access to the latest guidance for working and caring for people safely through the pandemic, this guidance and impact on practice was discussed at daily flash meetings as well as at team meetings. This meant that staff received information timeously and could make any required changes to practice quickly.

Staff told us they felt well supported and safe at work, they felt working through the pandemic had pulled them closer together as a team. They told us management of the home was accessible and supportive, however should they wish they access independent support should they require it.

An area for improvement was made following a complaint in relation to staff having access to falls training, and enhanced Dementia, Stress and Distress, the effective use of Antecedent Behaviour and Consequences charts (ABC).

When looking at training records we saw that despite some progress being made there was still work to be done before this area for improvement would be met. Staff had accessed falls training and had also had a presentation on Dementia Awareness that briefly covered stress and distress and the use of ABC charts. Staff spoken with told us they would like further in-depth training in these areas to build up their skills and knowledge so as to be able to support people better. We discussed this with the manager and regional director who agreed to discuss this with staff to identify suitable training. **(See area for improvement 1).**

Requirements

1. Due to the concerns identified with Infection, Prevention and Control you, the provider, must take the following action to be completed by 20 August 2021.

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 and effective to ensure that the environment is consistently safe and well maintained

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).

Areas for improvement

1. The provider and manager are to ensure that all areas of the refurbishment programme are completed and equipment is 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: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

2. The service should as soon as possible, commence enhanced staff training in relation to approaches to dementia, stress and distress and completion of ABC charts.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: '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).

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, at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users, the provider must ensure that the following information has been used to inform staffing levels by 1 March 2020:

- 1) For everyone using the service, a provider shall keep individual records of four-weekly assessments of physical, social, psychological, and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual.
- 2) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, times of day, staff training and staff supervision needs.
- 3) The overall assessment of staffing levels and deployment must be available to any visitors to the service and everyone using it.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), 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); 'My needs are met by the right number of people.' (HSCS 3.15); 'People have time to support and care for me and to speak with me.' (HSCS 3.16); and 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must make proper provision for the health, welfare, and safety of service users.

This requirement was made on 15 November 2019.

Action taken on previous requirement

An assessment of hours required to support people in the home was on display in the entrance to the home, this identified the need of people across five bands, resident outbreak, direct care hours and any additional hours needed for care planning, and the environment. This identified the number of staff required to meet the assessed needs of people living in the care home.

Staff had raised concerns about being short staffed especially in the EMI unit and the management agreed to ensure staffing levels are reviewed regularly to meet people's need which can change rapidly.

We saw that on some occasions they were working with staffing numbers below their assessment however we also saw that they were actively recruiting new staff to address these shortfalls.

Some staff have left recently, however new staff have been recruited and were going through their induction at the time of the inspection.

On balance we found this requirement to have been met but have made the continued assessment of staffing to meet people's needs an area for improvement which we will follow up at a future inspection.

Met - outwith 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

The service should undertake a review of mealtimes to ensure the individual needs of residents are being met. In order to achieve this, the provider should, by 1 March 2020:

- 1) Assess the needs of residents during the mealtime and deploy staff accordingly.
- 2) Ensure that the environment is suitable and that people have access to appropriate equipment in order to promote independence.
- 3) Ensure there are visual prompts, such as menus on the tables, to inform residents of the meal and choices being offered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with eating and drinking, this is carried out in a dignified way and personal preferences are respected.' (HSCS 1.34); and 'I can enjoy an unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35).

This area for improvement was made on 15 November 2019.

Action taken since then

This area for improvement is reported on more fully in the body of the report.

Previous area for improvement 2

The service should ensure that personal plans include up to date Anticipatory Care Plans (ACP).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS), which state that: 'I am supported and cared for sensitively by people who anticipate issues and plan for any known vulnerability or frailty.' (HSCS 3.18); and 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.' (HSCS 1.7).

This area for improvement was made on 22 September 2020.

Action taken since then

This is discussed more fully in the main body of the report.

Previous area for improvement 3

The provider and manager are to ensure that all areas of the refurbishment programme are completed and equipment is 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: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16); and '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 22 September 2020.

Action taken since then

This is discussed more fully in the body of the report. This area of improvement was not yet met and will be restated.

Previous area for improvement 4

The service should ensure that all staff receive additional training in relation to fall prevention and fall management procedures. The service should ensure accurate and consistent auditing and oversight of falls as part of their quality assurance systems. The service should also, as soon as possible, commence enhanced staff training in relation to approaches to dementia, stress and distress and completion of ABC charts.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: '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).

This area for improvement was made on 23 November 2020.

Action taken since then

This is discussed more fully in the main body of the report, we found some progress had been made however further work was required to be undertaken by the provider and manager to assess this as met, therefore this area for improvement will be restated.

Previous area for improvement 5

The service should undertake more consistent recording and auditing of the Infection Control competency checklists to ensure continuity by the Infection Control Lead staff.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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); and 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27).

This area for improvement was made on 22 September 2020.

Action taken since then

We saw evidence of regular checks on staff competency in relation to Infection Prevention and Control in records examined during the inspection. Staff spoken with also confirmed these checks were being undertaken. This area for improvement has been met.

Complaints

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

Detailed evaluations

| | |
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| 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 |

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