

Lethen Park Nursing Home Care Home Service

Berrymuir Road
Portlethen
Aberdeen
AB12 4UF

Telephone: 01224 782 666

Type of inspection:
Unannounced

Completed on:
28 September 2021

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142948

About the service

Lethen Park Care Home is owned and managed by Barchester Health Care. The service is registered to provide nursing care, accommodation and support to a maximum of 57 people. The service has been registered since 31 January 2007.

Lethen Park Care Home is a purpose-built home located within the residential area of Portlethen, Aberdeen. The accommodation includes bedrooms (some full en-suite), communal lounges and dining areas. The home is divided into two main areas, with one unit being specifically for older people living with dementia. The home has sheltered enclosed gardens.

The service is close to local amenities and transport links. A mini bus is used to enable people living there to attend regular outings and the home has good links with local schools.

The service aims to provide safe, dignified, inclusive, person centred care, of the highest quality, in a supportive welcoming and enabling environment.

What people told us

One person in her room told us she was bored.

Some people were talking with one another, others were sitting looking isolated.

One man told us everything was fine.

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?	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?

3 - Adequate

People's wellbeing was being looked after to an adequate standard. The staff that we spoke to were informed about people's support requirements, the use of thickeners and means of fortifying food. Unfortunately we did not see this being put into practice during a mealtime. There were inconsistencies in support plans in relation to hydration and nutrition lessening the likelihood of correct support.

The earlier requirement in relation to hydration and nutrition had not been met, so it will be reinstated (for more details see the section on outstanding requirements).

There were areas of the home that were not ready and welcoming for people to use, and out of date information on public boards, which would be confusing for people. An earlier requirement was partly met (for more details see the section on outstanding requirements), so we have put in an area for improvement.

Requirements

1. The provider must ensure that people have adequate nutrition and hydration.

By 5 November 2021, the provider must improve people's dining and eating experience. In order to achieve this the provider must:

- a) Ensure all staff understand and support people's eating preferences.
- b) Ensure all staff understand and accommodate people's safe eating requirements.
- c) Ensure dietary supplements are used correctly and monitored for effectiveness.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34); and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37) and; in order to comply with Regulation 4 - 1(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

Areas for improvement

1. The provider should make sure that there are adequate staff each day, and staff are used flexibly to ensure the safety and engagement of people. There should be no barrier to people enjoying their home, so all areas must be clean and ready for use, and all public information must be up-to date and helpful.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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).

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

3 - Adequate

A lot of areas of the home were clean, but some were not being cleaned regularly enough, or to a high enough standard. This meant people did not have clean and suitable areas to wander and to sit in wherever they chose to go in their home.

The storage and disposal of personal protective equipment (PPE) needed to be reviewed and altered to be in line with best practice guidance.

Staff practice needed to be observed and developed, and environmental audits should be undertaken regularly, to encourage high standards.

A requirement from the initial inspection had not been fully met (see section outstanding requirements) and so is reinstated.

Requirements

1. The provider must ensure that people are kept safe from infection.

By 5 November 2021, the provider must ensure that people experience a safe environment in relation to infection prevention and control.

In order to do this the provider must:

- a) Ensure that effective cleaning of all areas, including high touch areas, is maintained throughout the day and night.
- b) Ensure that PPE and disposal bins are readily available, at the point of use.
- c) Ensure that the observation of staff practice is appropriate and that there is evidence that any failure of staff compliance is addressed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My environment is safe and secure.' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22); and the National Infection Prevention & Control Manual for Care Homes and; Regulation 4(1)(a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

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

Requirements

Requirement 1

The provider must ensure that people are safe and active in all areas of the home.

By 24 September 2021 the provider must improve the numbers and allocation of staff throughout the home, dependent on resident's needs.

In order to achieve this the provider must adhere to the following:

- a) Staff are deployed according to resident's support need and not only on numbers of residents.
- b) Ensure residents are not left without staff when there is likelihood of frustration or aggression.
- c) People's interests and requirements, as noted in care plans, must be encouraged and enabled throughout the day.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6); and 'People have time to support and care for me and to speak with me.' (HSCS 3.16) and; in order to comply with Regulation 4 - 1(a) and (c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

This requirement was made on 12 August 2021.

Action taken on previous requirement

Staff have been recruited into post since the initial inspection - a second activities coordinator, a general assistant, a kitchen porter, a head housekeeper, a carer. Although there are still carers vacancies, these additional staff have helped to ensure there should be carers available to be with people in all areas of the home. This may have partly worked, but there were still people in their rooms who were bored and an activities session in the lounge had not interested everyone, and some people were not engaged. There were incorrect dates and an incorrect menu on the walls, which would be confusing for people and should have been noticed by staff and brought up to date. Some of the chairs and settees were not ready for use, with either no cushion covers, or cushions left upended for drying. This meant people weren't able to be safe and comfortable when sitting in all areas of their home. We discussed this with the manager who said she would check and rectify these areas, and we agreed to make this an area for improvement (see section "How well do we support people's wellbeing").

Not met

Requirement 2

The provider must ensure that people have adequate nutrition and hydration.

By 24 September 2021, the provider must improve people's dining and eating experience. In order to achieve this the provider must:

- a) Ensure all staff understand and support people's eating preferences.
- b) Ensure all staff understand and accommodate people's safe eating requirements.
- c) Ensure dietary supplements are used correctly and monitored for effectiveness.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34); and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37); and in order to comply with Regulation 4 - 1(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

This requirement was made on 12 August 2021.

Action taken on previous requirement

The staff that we spoke to were able to tell us how people liked to eat, and what support they required. They were also able to discuss high calorie shots and thickeners and how these should be used. We saw people being supported at lunchtime and this was improved compared to the initial inspection. However, despite the staff explaining the required support to us, it was not given to everyone. One person who likes to walk purposefully only got a sandwich after one particular worker went for it and patiently supported the lady to be interested in it. The other workers did not seem able to do this. One lady whose intake was being monitored on a chart had her juice drunk by someone else and it was not replaced. This could have led to incorrect recording and her receiving less fluids than was desirable. There was an instance where someone was given soup which was clearly too hot as it had steam rising from it, and luckily she didn't burn herself before staff reacted. This was disappointing as we read about a similar incident in a different person's file, so would have expected a lesson to have been learned. When we looked in people's support plans we saw inconsistencies in recording what level of diet people required, which could have constituted a choking

hazard, or an incorrect assumption that someone didn't want to eat because they weren't swallowing. This requirement has not been met, so it will be reinstated (see section "How well do we support people's wellbeing").

Not met

Requirement 3

The provider must ensure that people are kept safe from infection.

By 24 September 2021, the provider must ensure that people experience a safe environment in relation to infection prevention and control.

In order to do this the provider must:

- a) Ensure that effective cleaning of all areas, including high touch areas, is maintained throughout the day and night.
- b) Ensure that PPE and disposal bins are readily available, at the point of use.
- c) Ensure that the observation of staff practice is appropriate and that there is evidence that any failure of staff compliance is addressed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My environment is safe and secure.' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22); and the National Infection Prevention & Control Manual for Care Homes and; Regulation 4(1)(a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

This requirement was made on 12 August 2021.

Action taken on previous requirement

We were told that the high touch areas in the home would be cleaned in the afternoon and evening from the next week. A head housekeeper was taking up their new post and extending the cleaning times. Carers were to take over this cleaning in the evening as from the day we inspected. This would help with decreasing the possibility of cross infection.

Some areas in the home were clean. There were other areas that were not so good, for example we saw stains on chairs, a sheet of plastic instead of a seat cover, cushions propped up vertically (perhaps to dry). This meant people did not have clean and suitable areas to sit in wherever they went in their home.

We were not confident that there was sufficient PPE available at all points of use, with accompanying bins for its disposal and we discussed this with the manager and advised that she confirm guidelines with the care home assurance nurse, then implement systems as advised.

We saw staff making small errors with PPE, particularly masks and PPE use needs to be at a very high standard to minimise risks of infection.

We recommended that staff practice is observed and developed, and that environmental audits are undertaken regularly, to encourage high standards.

This requirement has not been fully met and will be reinstated (see section "How good is our care and support during the Covid-19 pandemic").

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

The provider should ensure that people live in a home that is adapted and equipped to meet their needs, in order that they can be as independent and content as possible. The provider should complete an environmental audit, for example a Kingsfund Audit, and undertake improvements as indicated by the results.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

This area for improvement was made on 12 August 2021.

Action taken since then

There seemed to be a support planning tool being implemented, related to people with dementia and their support plans. The worker we spoke to was not certain exactly what the overall plan was for the work that they was doing. We saw some improvements, for example with the lighting and there were areas that had not improved, for example the seating arrangements in the lounges and the noise level at lunchtime.

There were areas of the home with a smell of urine, and areas of carpet that urgently needed to be replaced.

We discussed this with the manager who told us that a dementia specialist would be visiting the home to complete audit and improvement work with the staff, and they assured us that they would look at areas such as carpeting.

Previous area for improvement 2

The provider should ensure that people are not unthinkingly or overly restricted by measures taken for convenience or safety, or by practice that would not generally be acceptable for other people.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards

which state that:

'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6).

This area for improvement was made on 12 August 2021.

Action taken since then

Some action had been taken with this area for improvement. People were well dressed and using suitable footwear, the straps across the doors had been removed. These measures would help people to conveniently access all areas of their home. The planned audit and improvement work by the dementia specialist will further highlight areas for improvement.

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 well do we support people's wellbeing?	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?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate

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