

Lydiafield Care Home

Care Home Service

Standalane
Annan
DG12 5JR

Telephone: 01461 203 261

Type of inspection:
Unannounced

Completed on:
13 April 2022

Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Service no:
CS2004073594

About the service

Lydiafield care home is registered to provide a care home service to 51 older people. The service provider is Mead Medical Service Limited. A provider of five care homes in Scotland.

Lydiafield care home is situated in a quiet residential area of Annan, Dumfries and Galloway. The service is close to the town centre and local amenities.

The accommodation is provided within four self contained units or "households". All bedrooms are single occupancy, each with en-suite toilet. Some bedrooms have en-suite shower. Each unit has living area, dining room and shared bathroom facilities.

The home is surrounded by established gardens which are well maintained. A courtyard garden is accessible from two of the units within the home.

There were 40 people using the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 12 and 13 April 2022. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with several people using the service as well as staff and management. We observed practice and daily life, reviewed documents and spoke with visiting professionals.

Key messages

- Helpful and caring staff who interacted with kindness.
- Responses to episodes of stress/ distress needed improvement to help keep people safer.
- Staffing was sufficient but a number of new staff needed support to gain experience.
- Roles and responsibilities needed to be established to enhance the quality assurance of the service and ensure improved care experiences.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

Our focus in this inspection was to establish if people's health and wellbeing benefitted from their care and support. We found strengths and these outweighed some weaknesses which need to be addressed to ensure people's physical and mental wellbeing is better supported.

People supported should experience compassionate care that meets their needs. We saw examples of staff being polite and interacting well with people. There were trusting relationships. Staff knew people and their preferences well. The manager promoted values of dignity and respect through staff meetings and supervisions. This meant staff worked together to ensure people experience compassionate care. Dignity champions were still to be allocated and will further promote this aspect. At times staff were not available to support people when they needed help. This was still being worked on to ensure people are responded to in a more timely way. Some staff may need further training to use language in a positive and not detracting way. For example describing a person with dementia as "aggressive" or their actions "told them off". This shows a lack of respect and understanding of their condition. A small number of people may at times feel a lack of compassion and this needs to be addressed.

See area for improvement 1.

People should expect their health to benefit from the care and support provided. An improvement plan had been worked through with support from the local Health and Social Care Partnership. Training had taken place on nutrition and skin care. We saw improved record keeping in these areas. However, mealtimes were enjoyed by some people more than others. Staff were not always in attendance and some people needed more prompting and assistance to ensure their meal was easy to chew and didn't go cold. The food charts could be more detailed to show if fortification had taken place. This would evidence the right support for nutrition and improve the enjoyment of mealtimes. See area for improvement 2.

A review of how past medical history is recorded and information to support staff to manage long term medical conditions was needed to make this clearer. This helps ensure people get the right support. see area for improvement 3.

People should expect meaningful contact with their loved ones is supported. The service was following 'Open with Care' national guidance which encourages people to spend time with friends and families. Visits were taking place and people were able to spend time with their friends and family which was clearly of benefit to their wellbeing. Internet access had improved throughout the building which supports people to stay in contact using digital technology if they wish. People were getting out and visits within the community had re-started. The commencement of trips and outings had yet to take place but it was hoped these would be offered soon.

Areas for improvement

1.

So people experience care with dignity and are protected from harm the service provider should ensure:

- staff training in dementia care is provided with a focus on how to support people with stress/distress,
- adult protection procedures are followed with robust strategies to protect people if they might come to harm through clashes with another person living at the service and

- more robust assessment and support plans are put in place if a person is unable to be supported easily with oral or personal hygiene due to the distress they may experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty". (HSCS 3.18)

2.

So people enjoy mealtimes and are supported appropriately the service provider should ensure:

- staff are available and support people during a meal,
- food fortification is provided on an individual basis in keeping with people's needs and preferences and recorded with enough detail so staff can follow this.

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

3.

So people's healthcare needs can be met, the service provider should:

- record medical history and plans of support in relation to any long term medical conditions.
- to support deterioration, training in vital signs or other monitoring tools such as Restore 2 should take place with competence checks periodically and
- anticipatory care plans should be discussed and agreed whenever possible so out of hours are aware and responses are appropriate.

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

How good is our leadership?

3 - Adequate

People should expect quality assurance and improvement is well led.

The quality assurance system listed a number of regular audits and a yearly plan but not all were effective and some needed review. For example the wound care audit had out of date references. This meant we could not be sure the audits carried out directly influence improvement and drive change.

The manager and external manager had oversight but this may be difficult to manage without clearer delegation. Roles and responsibility could be tighter to ensure closer checks on practice and match this with best practice. For example using a nutrition lead and / or infection control lead.

People's experience of care and support was evaluated by surveys, monthly "resident of day" and activity audit for example but it was not possible to see what actions were planned and how these would be evaluated. This meant the approaches taken were not sufficiently detailed to demonstrate the impact of any planned improvement.

Residents who were able felt comfortable giving feedback and seemed content. However, many need representation and this could be more robust. See Key Question 5.2

There was a complaints system and complaints were responded to and recorded. People felt comfortable to raise any issues and were confident they would be listened to.

There were elements of quality assurance such as self evaluation which had not yet been carried out. Staff capacity and skill to support improvement activities were limited and may hold back progress.

Overall, there were elements of quality assurance in place but this should be developed further to be more robust and drive outcomes for people experiencing care.

See area for improvement 1.

Areas for improvement

1.

So people can be sure quality assurance drives change and improvement where necessary the service provider should:

- Consider an overarching quality assurance/ improvement policy and review of current systems, include self evaluation using the quality framework for care homes for older people.
- Develop service improvement plans from this with clear accountability/ timescales. Allow enough time to make a change and evaluate/show this took place.
- Enhance staff leadership skills to build capacity for improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". HSCS 4.19

How good is our staff team?

3 - Adequate

People should expect staffing levels are right and staff work well together. On the previous inspection working relationships between staff was found to be compromised and this affected the atmosphere at the service. On this inspection staff spoke positively about recent changes and this meant people were experiencing a staff group who were working well together.

People should expect the right number of staff with the right skills to be available to meet their needs. Dependency and care hours were calculated in a way which could be checked and these matched indicating sufficient staffing. However, in practice there were still times of pressure and staff were not be able to provide care and support with compassion or engage in meaningful conversations with people due to lack of time. This meant at times there were unmet needs. See area for improvement 1.

A number of new staff had joined the service and new roles and responsibilities were still being worked out. For example leadership on some subject areas like nutrition, dementia care or infection control. This could help ensure staff have the right training and skills to meet these needs.

There were few staff with medication administration competency. Senior staff spent large amounts of time involved in this activity. This meant there was little flexibility in how they could support new staff or provide supervision of staff to ensure good practices. See area for improvement 2.

Areas for improvement

1.

So, people can be assured staffing levels are right, further development in keeping with the "safe staffing project" should take place to ensure staffing is flexible and staff skill mix is such that knowledge, skills and competence is sufficient in order to meet people's needs with dignity and respect.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14)

2.

So people experience more person centred care a review of roles and responsibility should take place to consider:

- developing the small group living/ household concept with a stable group of staff working in a unit (or units),
- widening the number of people who can administer medication,
- reducing the use of a medication trolley in areas where individual medication cabinets can be used.
- staff work together to support meaningful activity.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: "My care and support is consistent and stable because people work together well". (3.19)

How good is our setting?

3 - Adequate

People should expect to benefit from high quality facilities.

The setting was well designed but further adaption could better meet the needs of people with dementia. For example use of colour and contrast and improved lighting in some areas. This meant some people may not be as independent or confident in finding their way around the building. See area for improvement 1.

Three of the four units or households benefit from small group living layout. With kitchen, lounge and dining areas close to hand. Criffel unit needs review as the layout has a corridor thoroughfare and lacks a defined lounge/ dining area. A kitchenette is due to be installed which will allow easy access to drinks and snacks. Further improvement should be made to improve privacy and create more benefits of homely living for people who live there.

See area for improvement 2.

Three households have en-suite showers but Cedarwood has only en-suite toilets. The bathroom/ shower facility is shared and was not adapted suitably to meet people's needs. This meant for some people there was a lack of choice of bathing. Showering could be made easier by increasing the range of shower chairs available. See area for improvement 3.

The environment was well looked after clean and tidy. The provider was responsive and acting on previously highlighted areas for improvement. The housekeepers cupboard is planned to have improved fill/tip facility.

People with changing needs may have to move care home if their needs cannot be met. For example people

who walk with purpose and may need additional staff supervision/ interaction. There could be consideration to having a small quiet unit which could meet such needs.

Areas for improvement

1. To help ensure the environment meets the needs of service users and promotes independence, the service provider should enhance the quality of the care home environment, linking any changes made to best practice.

This should include, but is not limited to:

- adequate wayfinding/directional signage
- adequate and consistent levels of lighting
- sufficient tonal contrast allowing individuals to navigate safely and effectively.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I can independently access the parts of the premises I use and the environment has 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. So people who live in Criffel unit experience small homely living a review of the layout should take place to promote privacy and provide peaceful lounge / dining area which is not part of a corridor or thoroughfare.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support". (HSCS 5.1)

3.
So people who live in Cedarwood unit have a choice of bath or shower, the bathing facilities should be improved to be more accessible and safer for staff to provide assistance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support". (HSCS 5.1)

How well is our care and support planned?

4 - Good

People should expect their family members are encouraged to be involved in delivering care and support. Their views should be heard and meaningfully considered.

Surveys had been carried out of some people supported at the service and a selection of family members. This provided mostly very positive feedback and contributed to identification of what was important to people. Some meetings had taken place. Although these had not been regular they were appreciated and people felt they were useful way to express their views.

The 6-monthly review of personal plan gave an opportunity for closer involvement in the agreement to care plans and review of how care was going. There was little comment from family members and sometimes they hadn't been involved. For people with dementia who lack capacity this meant they needed

representation and this hadn't always taken place. Some reviews hadn't picked up on important changes and this meant there was a lack of recorded involvement of some family representatives.

The "resident of the day" meant contact was intended to be carried out monthly. However, at times this was missed. The system could be used more proactively to ensure comments and changes are more fully discussed, agreed and recorded.

With staff changes new keyworkers were being allocated and this relationship can help promote greater involvement of family members. Unit or household identify was discussed as a means of creating pride in an area of the home for staff who are permanently based there. Opportunities for volunteering and befriending could be explored as means of generating greater involvement within the care home. This means people can experience care which is influenced by people who know and understand their needs.

Overall, although some systems were in place to involve family members these could be used to better effect so views are heard more fully. See area for improvement 1.

Areas for improvement

1.
So people can be sure they are represented and views of their family are taken into consideration the service provider should ensure:

- 6-monthly reviews involve meaningful contact with representatives
- changes to care and use of restrictive practices such as alert mats or 15 minute observations are reviewed and agreed in a timely way
- roles and responsibilities of staff are allocated so relationships and accountability is clear.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account". (2.12)

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

Requirements

Requirement 1

By 4th April 2022 the service provider must ensure people's health needs are assessed accurately using appropriate risk assessment tools and any active care/ monitoring recorded clearly when health needs deteriorate. This is with particular reference to:

- nutritional monitoring and support for food/ fluids,
- changes in mobility/ risk of pressure sores and monitoring of skin,
- recognition of medical history and support with long term medical conditions.

- escalation of signs of clinical deterioration.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 1.19 "My care and support meets my needs and is right for me". (HSCS 1.19)

This is in order to comply with Regulations 3 and 4 1(a) and 4 (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 24 January 2022.

Action taken on previous requirement

Progress was made in improving care in relation to nutritional monitoring. Training meant staff were more confident in using the nutritional risk assessment tools (MUST) and oversight of food and fluid charts was better. However, more detail was needed on food charts to detail if fortification had taken place in keeping with recommendations of dietitian and using a "food first" approach. Although some mealtime audits took place they did not focus sufficiently on specific aspects such as food fortification and getting it right for individuals. Also, the enjoyment of a mealtime could be improved further by ensuring all staff are available to support and people are encouraged or assisted directly when they need help. See Wellbeing section - area for improvement 2.

Progress was also seen in how risk of pressure sores was assessed and repositioning recorded. However, further detail could be recorded to include skin inspection and monitoring of any wounds/ dressings. The detail of these was not recorded daily and relied on District Nurses. The interface between these records still needed more discussion to ensure care needs were met. Audit of wounds also needed review. See leadership section - area for improvement 1.

Recognition of medical history was not evident and staff lacked details of how to support long term medical conditions. Action was taken during the inspection to print off details from NHS inform but this will take time to ensure headings are clear for staff and the information is accurate and up to date. See well-being section - area for improvement 3.

Escalation of signs of clinical deterioration was recognised as an area staff needed training and Restore 2 was agreed as a tool the provider will introduce with training for staff. Workbooks were available but training had not yet commenced. This needs further time to progress. See area for well-being section - area for improvement 3.

This requirement is met with areas for improvement remaining.

Met - within timescales

Requirement 2

By 4th April 2022 to ensure the needs of service users are met in a responsive manner and in line with expectations, the service provider must review the staff provision within the home, ensuring there is adequate staff to meet the needs, choices and wishes of those who live in the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My needs are met by the right number of people' (HSCS 3.15).

This is in order to comply with Regulations 3 and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 24 January 2022.

Action taken on previous requirement

A new spreadsheet was in use detailing dependency and staff hours available. This helped to ensure people's needs were met by the right number of staff. There were vacancies in the number of people living at the service and staff reported they were managing better. A new shift pattern covering the early part of nightshift and early morning shift had been introduced but there was limited experience of this being in place. The staffing on nights was still unstable and staff turnover persists. Although staffing was sufficient at this inspection close monitoring needs to continue with flexibility to add staff hours when needed.

This requirement is met.

Met - within 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

So people get the most out of life the service provider should ensure staff are available to provide support for more meaningful activities. In Criffel unit kitchenette facilities should be made available so people can be supported in every day activities such as, making a cup of tea/ washing dishes and drinks/ snacks are easily to hand.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible'. (HSCS 5.7)

This area for improvement was made on 24 January 2022.

Action taken since then

Staff time for meaningful activities was still stretched. Sometimes these took place and sometimes not. See staffing section 3.3.

The kitchenette facility for Criffel unit was agreed and planned and once completed will provide an improvement for the people who live there.

This area for improvement is met.

Previous area for improvement 2

So people can stay connected to loved ones the service provider should ensure internet/ Wifi can be accessed more easily throughout the building.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet". (HSCS 5.10)

This area for improvement was made on 24 January 2022.

Action taken since then

Wifi facilities were installed and this improved the ability of people to connect to the internet.

This area for improvement is met.

Previous area for improvement 3

To ensure people's mealtime experience is improved and nutritional needs are met the service provider should:

- provide visual choices at the time of the meal,
- provide high calorie snacks and extras to meet individual preferences for those at risk or losing weight and
- review the fluid and food recording charts to ensure they are effective in supporting people to meet their hydration and nutritional targets.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences'.

This area for improvement was made on 24 January 2022.

Action taken since then

Progress was made in improving care in relation to nutritional monitoring. Training meant staff were more confident in using the nutritional risk assessment tools (MUST) and oversight of food and fluid charts was better. However, more detail was needed on food charts to detail if fortification had taken place in keeping with recommendations of dietitian and using a "food first" approach. Although some mealtime audits took place they did not focus sufficiently on specific aspects such as food fortification and getting it right for individuals. Also, the enjoyment of a mealtime could be improved further by ensuring all staff are available to support and people are encouraged or assisted directly when they need help.

This area for improvement is partly met and is re-worded to reflect the findings of this inspection. See Wellbeing section - area for improvement 2.

Previous area for improvement 4

To ensure people's skincare needs are met, the service provider should:

- assess, document and monitor pressure ulcer risks/ skin damage in keeping with best practice guidance, including the use of body map.
- monitor the effectiveness of equipment such as pressure relief cushions and mattresses.
- specify the support to move, frequency and change to position.

- ensure skin care products such as barrier creams or dressings are used effectively. Record and report any issues to district nurses.
- promote continence by ensuring regular help is provided to toilet.

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

This area for improvement was made on 24 January 2022.

Action taken since then

Progress was also seen in how risk of pressure sores was assessed and repositioning recorded. However, further detail could be recorded to include skin inspection and monitoring of any wounds/ dressings. The detail of these was not recorded daily and relied on District Nurses. The interface between these records still needed more discussion to ensure care needs were met. Audit of wounds also needed review. See leadership section - area for improvement 1.

This area for improvement is met.

Previous area for improvement 5

The service provider should routinely complete, review and evaluate all areas highlighted within the homes quality assurance procedures. With particular attention to:

- dependency levels and staff rotas
- use of self evaluation and feedback from staff
- response to complaints, concerns and general feedback,
- development of service improvement plan focused on addressing staff roles, knowledge, skills and competence in order to meet people's needs with dignity and respect.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14)

This area for improvement was made on 24 January 2022.

Action taken since then

Progress was seen in how dependency levels and staff rotas were being used. Feedback from staff using a survey had been carried out. The complaints system was being used to record complaints and concerns. Further work was needed to use self evaluation and develop service improvement plans, with a focus on reviewing staff roles and increasing their knowledge, skills and competence in order to meet people's needs more fully.

This area for improvement is partly met and is re-worded to reflect the findings of this inspection. See staffing section - area for improvement 1 and leadership section - area for improvement 1.

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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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