

Ladywalk House Care Home Service

5 Ladywalk
Anstruther
KY10 3EX

Telephone: 01334 659 335

Type of inspection:
Unannounced

Completed on:
20 April 2022

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003006833

About the service

Ladywalk House is situated in a residential area of Anstruther, close to local amenities and with attractive views over the public park. The home is owned and managed by Fife Council, providing 24 hour residential care for a maximum of 39 older people.

Accommodation is provided across two levels, with five units each having their own living and dining areas, with separate galley kitchen. The ground floor has one unit dedicated to respite care which can accommodate up to eight people.

The home has ample parking and the small attractive garden can be accessed from a number of areas of the home.

About the inspection

This was an unannounced inspection which took place on 15 April between 09:00 and 16:30 and on 20 April between 13:00 and 16:00. 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 ten people using the service and six of their families, we spoke with seven staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Staff and people living at Ladywalk had good relationships. People spoke very positively about the care and support they received.
- The home had a nice atmosphere and people were able to move freely around the home
- People were supported to keep in regular contact and have visits with family and friends.
- People told us that the quality of meals was very good and people had benefitted from this.
- There were safe systems in place to keep the home clean and reduce the risk of infection.
- Work was needed to ensure that all assessments and care plans were up to date.

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?	4 - Good
How good is our leadership?	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?

4 - Good

We made an evaluation of good for this key question, as several important strengths taken together clearly outweighed areas for improvement. Whilst some improvements were needed, strengths had a positive impact on people's experiences.

Residents told us they felt well supported by their staff team. Through our conversations with them and observations of staff and resident interactions, we concluded that staff were skilled at developing positive and supportive relationships with people living at Ladywalk. This contributed to people feeling cared for and valued. A resident told us that they preferred to spend time in their own room, but that if she needed assistance she used the call bell and staff responded quickly. This helped to demonstrate that staff were responsive to people's needs.

Family members told us that they enjoyed more frequent visits to their relatives, which had improved their wellbeing.

To ensure people continue to maintain good relationships with friends and family, the provider needs to make people aware of their visiting rights. People were free to visit at any time and as often as wished but were asked to book in advance to help the service plan for visits. The service needs to be clear that this does not restrict the number of visits or impromptu visits. (Separate arrangements may be in place should there be an outbreak of infection).

People's health was monitored and promoted using a range of health care assessments. However, we did find that a few people had not been weighed at the agreed intervals and that where one person needed their fluid intake monitored, this was not consistently carried out. This is important to ensure people's wellbeing is supported well and people receive adequate drinks. The service should review these areas and take the required actions.

Staff worked hard to assist people to access support from other health professionals as required. Whilst updates of appointments were recorded this information was not always in the relevant care plan. This is important to ensure staff are kept up-to-date with people's care needs and support these.

(see area for improvement 1)

Some people were joining in activities to celebrate Easter, others chatted in small groups and said they liked getting together for a blether after lunch. One person was cleaning dishes, they said " I like to keep busy, it makes me feel useful - like at home".

The manager recognised the need to continue progress support more opportunities for people to enjoy hobbies and getting out in their local community ensuring that records of activities are kept. This can help the service to evaluate activities and to keep relatives up to date.

(see area for improvement 2)

We examined a sample of medication administration records and found that people had received the right medication at the right time. This helped people to maintain good health.

Staff had completed infection prevention and control training appropriate to their role. This meant that they were able to keep people safe because they were knowledgeable about how to prevent or stop the spread of infection. We observed good practice in the safe use of PPE.

The service was clean with appropriate cleaning products being used. This helped to keep people safe.

Areas for improvement

1. People should be confident that their personal plans reflect things that are important to them and how their needs and wishes are to be met. This should include, as a minimum;

- people's wishes and preferences for their care
- that health assessments are up-to-date and reflected in care plans
- information on people's choices and preferences for social activities and opportunities and how they are to be supported with these.

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

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices " (HSCS 1.15).

2. To ensure that staff are working in accordance with expected standards of record keeping, the provider should ensure that care plan audits identify gaps in information and gaps in recording.

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

'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 leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths taken together clearly outweighed areas for improvement. Whilst some improvements were needed, strengths had a positive impact on people's experiences.

Staff, people living in the home and their relatives felt really well supported by managers and staff. They were confident that leaders listened and took action when issues were raised about service improvement. This helped promote a culture of openness and transparency. One family we spoke with said "we couldn't have managed without them - they keep us up-to-date at all times".

The provider had systems in place to identify risks and plan appropriate actions to address these. Much of these were based on systems and processes and would benefit from more focus on positive outcomes for people.

An outcome focused improvement plan could help the provider to better understand service strengths and where improvements could be made to improve outcomes for people. This would help evaluate the effectiveness of the service and help determine future improvement priorities.

(See area for improvement 1)

We saw examples where improvements had taken place following internal audits carried out. For instance allocating a senior staff member to auditing and updating staff competency assessments for moving and handling.

We sampled health assessments and personal plans and found some gaps in recording, although some care plan auditing was taking place, it had not picked up the issues we identified. We suggested the need for the care plan system to be more robust and planned auditing of the care plans to address these areas.

(See area for improvement 2 in key question 1)

The manager agreed that further discussions with staff would take place to ensure a consistent approach to record keeping.

Areas for improvement

1.
To ensure that the service is providing a consistently high standard of care and support and of environment the provider should implement a development/improvement plan. This is to help drive forward improvement in the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

2. To ensure that staff are working in accordance with expected standards of record keeping, the provider should ensure that care plan audits identify gaps in information and gaps in recording

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

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 consider the use of a regular environmental audit to identify areas for change and improvement. The provider should consider the ways in which the environment promotes independence and enables people to remain connected to the wider community.

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) and 'I can independently access the parts of the premises I use and the environment has been designed to promote this'. (HSCS 5.11).

This area for improvement was made on 7 April 2019.

Action taken since then

The home uses a range of environmental audits and used these to identify and make changes. People were seen to use the full environment and people could visit other units to meet others. Over the last two years there has been limitations as to keeping connected to the wider community. The manager was keen to make local links again. This area for improvement is met.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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