

Lindsay House Care Home Service

64 Cedar Avenue
Lumphinans
KY4 9FE

Telephone: 01592 583 581

Type of inspection:
Unannounced

Completed on:
16 June 2022

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2017353223

About the service

Lindsay House is a care home registered to provide a 24 hour service to a maximum of 60 older people. It is a purpose built care home situated in Lumphinnans.

The care home is close to local transport links and community services. The service provides residential care for up to 60 people.

The service provides accommodation over two floors (two units on the ground floor and three units on the first floor). Each unit has a lounge/dining area, single shower ensuite bedrooms. There is a good size garden which is laid out nicely offering seating and flower beds.

About the inspection

This was an unannounced follow-up inspection which took place on 14 June, 2022 between 10:30am and 1:30pm and on 16 June between 7am and 10:30am. 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 six people using the service and five of their families
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The service had taken appropriate steps to address the requirement and areas for improvements made at previous inspections satisfactorily.
- People living at Lindsay House were satisfied with the care and support they received.
- Staffing levels had improved to help ensure people could access staff when needed.

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

Requirements

Requirement 1

By 31 January 2021, the provider must 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. This must include ensuring that there is effective monitoring to ensure that people's needs are met on a daily basis.

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

This is in order to ensure that 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 requirement was made on 2 December 2021.

Action taken on previous requirement

The leadership team had improved ways to monitor staffing levels and to assess the deployment of staff across the home. The dependency assessment tool had been enhanced and was used taking into account the views of service users and staff. A risk register helped to identify people's care needs across each living area and provide an overview for senior staff to when assessing where staff were allocated to work.

The service had continued to recruit new staff with some started and further people awaiting recruitment safety checks being completed. Staffing levels were now being maintained at least at the minimum identified levels. At previous inspections we were particularly concerned about staffing levels on night shift where at times units had no staff available to service users. This had been where they had been called elsewhere to support other areas. Staffing levels had now been increased to allow a staff member in each unit and at least one staff member to work flexibly across different areas offering additional support as needed.

Staff we spoke with said that the increased levels had improved outcomes for people as they were able to offer quicker response times to people adequately with one person and especially well where two additional staff were available.

Guidance had been introduced for senior staff to follow in the event of staffing levels dropping below agreed levels. This gave them information about where to seek assistance and how to deploy staff to minimise risks to people.

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

To support people's health and wellbeing and ensure 'as required' medication is benefitting people, the service should ensure that 'as required' medication protocols are in place and that when these medications are administered that the effectiveness of them is assessed.

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

This area for improvement was made on 2 December 2021.

This area for improvement was made on 2 December 2021.

Action taken since then

Protocols were now fully in place to guide staff as to when as required medication should be administered. This included medications for physical health conditions and to support people when experiencing stress and distress. Where an as required medication had been administered there had been a significant improvement in recording and monitoring the effectiveness of this. This would help to ensure good outcomes for people when needing as required medication to maintain their wellbeing.

Previous area for improvement 2

People's nutritional needs should be assessed and planned for, to allow staff to provide the right level of support at the right time. This should include:

- improved communication between care staff and the kitchen, to ensure people receive the diet that is right for them
- improved recording and analysis of food and fluid monitoring charts to identify trends/patterns or gaps
- the right number of staff available to ensure people's nutritional needs can be met.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

This area for improvement was made following a complaint received 02 March 2022.

This area for improvement was made on 30 March 2022.

Action taken since then

People's nutritional needs were being monitored safely. A range of nutrition guidance was in place and staff demonstrated a good understanding of how to refer to this to help people maintain a good dietary intake.

We spoke with kitchen staff who told us that communication with the care team had improved. They felt that they were kept up to date with people's nutritional needs and that this allowed them to provide nutritionally appropriate meals.

Effective systems had been introduced to monitor food and fluid intake where this was needed. This included staff using charts fully and senior staff having an overview of these and taking appropriate steps where any issues were identified.

Staff were available in sufficient numbers to support people timeously with their meals and these were served in people's preferred ways.

Previous area for improvement 3

People experiencing care should expect to be warm and comfortable in their home. The manager should ensure that people's level of comfort is checked regularly.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

This area for improvement was made following a complaint received 02 March 2022.

This area for improvement was made on 30 March 2022.

Action taken since then

The temperature across the home was being maintained. People living at the home told us that the temperature was comfortable and consistent. In order to monitor this thermometers had been placed in each unit and staff monitored this daily. Temperatures were seen to have been maintained within a safe range.

Previous area for improvement 4

Management and staff should ensure that there are effective communication systems in the care home. Families should be provided with the information and reassurance they need following accidents or changes to care provision.

This is to ensure care and support is consistent with Health and Social Care Standard 4.8: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.'

This area for improvement was made following a complaint received 02 March 2022.

This area for improvement was made on 30 March 2022.

Action taken since then

The leadership team had reviewed communication with families. They had spoken with families to agree how to keep them up to date in their preferred ways. Families we spoke with expressed satisfaction about general communication and particularly where there had been an incident, accident or health changes with their loved ones.

Previous area for improvement 5

The manager should ensure people's belongings are clearly recorded in their inventory and that this is regularly checked and updated. All staff should be reminded of the process in place for identifying people's belongings.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

This area for improvement was made following a complaint received 02 March 2022.

This area for improvement was made on 30 March 2022.

Action taken since then

This area for improvement will be followed up at the next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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