

Leonard Cheshire Disability - Kirklands Park Rigg Care Home Service

2 Kirklands Park Rigg
Kirkliston
EH29 9EZ

Telephone: 01313 335 128

Type of inspection:
Unannounced

Completed on:
14 June 2022

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2003010998

About the service

Leonard Cheshire Disability - Kirklands Park Rigg is registered to provide a care home service to a maximum of eight adults who have learning and physical disabilities.

The service is in a residential area in Kirkliston, public transport links and local amenities are a short distance away. The property is split into two distinct linked houses with four bedrooms in each. All bedrooms are single occupancy with access to a shared bathroom. There is accessible outdoor space with well maintained gardens and sensory area. People also have use of indoor communal spaces including a shared sensory room.

The service has its own transport with a minibus providing opportunity for people to access their local and wider community.

Kirklands Park Rigg's objectives are "To strive always for excellence, to aim as high as we can and to deliver our high standards of care."

At the time of this inspection there were seven people being supported by this service.

About the inspection

This was a full inspection which took place on 8 and 13 June 2022. The inspection was carried out by two inspectors 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with one person using the service and spent time with six others
- spoke with one family member
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff knew people well and treated people with dignity, compassion and respect.
- Care plans were detailed and reflected people's personality, including their likes, dislikes and preferences.
- The home was clean and people's bedrooms were personalised and comfortable.
- Leaders were knowledgeable about aspects of the service which required improvement.
- Activities out-with the home have been limited due to short staffing. This is having an impact on people being able to get the most out of life.
- The home is in need of significant refurbishment.

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?	4 - Good
How good is our staff team?	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

We made an evaluation of adequate for this key question. There are some strengths, but these just outweigh weaknesses. Whilst the strengths have a positive impact, the likelihood of achieving positive experiences and outcomes for people is reduced because key areas need to improve.

Staff knew people well, their likes/dislikes and preferences. We observed warm, encouraging, positive relationships between people living in the care home and their staff. The family member we spoke to told us that staff were caring and knew how their loved one was feeling. A person living in the care home told us they enjoyed having a laugh with staff. People were well presented with their clothes being clean and well coordinated. Approaches to any behaviours that may cause concern were addressed in a dignified manner, understanding the person and their needs. This meant that people were respected and were treated with dignity as an individual.

The service was experiencing staff shortages and were working hard to recruit. We recognise that all care services are facing challenges with recruitment at present, however staff vacancies were impacting people's ability to get the most out of life. The garden areas provided space for relaxation and activity including a specialist swing and sensory area which created opportunity to spend some time outdoors. People were often unable to access community settings as regularly as they wanted or needed due to staff shortages. We have made an area for improvement with regards to activities (see area for improvement 1).

There is ongoing remedial work in one of the kitchens. This means that one of the houses does not have an accessible kitchen, dining or living area as those rooms are open plan. Therefore all people are sharing the remaining kitchen, dining room and living area, which has limited the amount of physical space people have to meet their needs and wishes.

There is a sensory room that is shared between the two houses, however it is currently a thoroughfare between houses and is not fitted out to promote the benefits of a sensory room. More could be made of this space to improve people's access to a range of good quality equipment and furnishings to meet their needs, wishes and choices. We have made an area for improvement with regards to developing the sensory room (see area for improvement 2).

There were good systems in place for medication administration and financial management. Staff had received training and managers observed practice regularly to ensure competence. Detailed plans supported staff to administer medication appropriately. People's health needs were monitored and well recorded. We saw evidence of staff seeking appropriate professional medical input when required. Where management identified issues through regular audits, they took appropriate action to review systems and develop staff. This meant that any treatment or intervention that people experienced was safe and effective.

People enjoyed home-cooked meals based on individual choice. Whilst staff communicated well with people, there were delays in everyone being served and having a positive mealtime experience. We appreciate there have been difficulties with staffing levels coupled with the challenges of the other communal areas being inaccessible, however we have asked the provider to review people's mealtime experience. A better mealtime experience would promote consistency and stability of people's care and support because people work well together.

Care plans had clear information on all important areas of people's lives and they supported staff to provide a consistent, personalised approach. People's likes/dislikes and preferences were clear throughout the plans and people's personalities shone through. We recommended that the service develop a summary of each care plan with essential information. There should be references within the summary that link to greater detail held in the main care plan. Short care summaries can support new or agency staff to get to know people more easily.

Daily record keeping is good and detailed however they can often be task orientated and not reflect the person's experience or outcomes. We discussed this with the provider at the time and they will aim to better capture people's experiences and outcomes.

The service was welcoming to visitors and we saw evidence that contact with loved ones is actively encouraged. The service also takes time to celebrate important dates with people. During periods of lockdown, contact with loved ones was facilitated in other creative ways. Family were able to tell us that they were now free to visit at any time and described the use of technology to promote this.

We spent time reviewing the infection prevention and control measures in place, including staff information. We looked at cleaning records, staff training, Personal Protective Equipment and spoke to the domestic staff. We found bedrooms to be clean and well organised, each with their own decoration and ornaments to suit the person's personality. The shared bathrooms were also clean and well organised. Whilst we were satisfied that the service had good systems, schedules and practice with infection prevention and control, this was compromised by the state of repair of fixtures and fittings. Some equipment is old and tired, for example the bath and flooring is worn and there are chips in the woodwork. Despite rigorous cleaning, worn equipment, fixtures and fittings can harbour germs and should be repaired or replaced. We have therefore made an area for improvement (see area for improvement 3).

Areas for improvement

1. To support people to get the most out of life, the provider should ensure activities within and outwith the home are maximised. This should include, but is not limited to, creatively increasing group and individual activities, gaining feedback from people and relatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22).

2. To support people's wellbeing, the provider should ensure that the sensory room is redesigned. This should include, but is not limited to, creating an environment with a variety of sensory equipment that is comfortable, welcoming and meets people's sensory needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16) and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.21)

3. To support people to experience a high quality environment, the provider should ensure that the home is refurbished. This should include, but is not limited to, upgrading bathroom fixtures, bathroom equipment, bedroom & communal decoration including carpets.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 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, the strengths identified had a significant positive impact on people's experiences.

The management team conduct a number of different audits including medication, daily notes, care plans, finances, accidents and incidents. We sampled a number of their quality assurance audits and found them to be robust, regular and well completed.

Managers regularly conduct competency observations with staff to ensure their practice complies with policy and procedure. There was a clear system in place to support managers to promptly identify errors. Where management had identified issues, there was evidence of further support provided to staff in the context of the Health & Social Care Standards.

Accident and incident record keeping was of a good quality, with detail on actions taken as a result.

We saw evidence of regular and appropriate communication with family members around people's health and wellbeing. A family member confirmed this and said they felt reassured the service would contact them if there were any problems.

Whilst family members were kept informed of any updates, families did not currently have many opportunities to be involved with the development of the service. We have recommended that the provider seek opportunities to involve loved ones in this process.

The provider was good at auditing the quality of support plans and in general, support plans were of a good quality. The service could improve this area by re-evaluating people's goals and outcomes. At present people's goals and outcomes are vague and difficult to assess if they've been achieved or not. The provider should aim to better capture people's experiences and outcomes. We discussed this with the provider at the time and they will aim to better capture people's experiences and outcomes.

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst we identified strengths, these only just outweighed weaknesses.

Staff had access to a wide range of training courses and topics, with evidence of a robust induction process for new staff. Records of training were complete and provided prompts for refreshers. The majority of training was achieved through eLearning, but some courses were delivered in person, for example moving and handling and emergency first aid. Staff spoke highly of the training and in particular the face-to-face training. Staff commented they would like more face-to-face training and specific training, for example Intensive Interaction. Other professionals involved with the service may be able to facilitate this type of training.

Staff told us that they received regular supervision and team meetings, although people reported varying frequencies. Records of supervision discussions were detailed with clear actions. We saw evidence of managers coaching staff practice through discussion, training and observations. Team meetings were held regularly and detailed notes distributed to staff with actions attributed to management and members of staff.

Staff were supported to achieve appropriate professional registration with the Scottish Social Services Council. Some staff still needed to achieve a qualification as part of their registration and there was evidence that the service was supporting them to achieve it.

There was clear evidence of good practice surrounding training and development, which gave people confidence that staff were trained, competent and skilled, were able to reflect on their practice and follow their professional and organisational codes.

Whilst there was good practice surrounding staff training and development, the difficulties recruiting staff meant that staffing arrangements were not supporting staff to work well together.

There have been challenges around recruiting and retaining permanent staff which meant that the service did not always have sufficient permanent, experienced staff on shift to meet people's identified activity needs. There was evidence that this also impacted on the quality of people's mealtime experiences. We recognised that the service was looking at creative solutions to remedy the situation, such as employing zero-hour contract staff and some regular agency staff. We asked the provider to re-assess the deployment of staff to ensure the best use of current resources. We asked the provider to involve staff in these discussions to prompt full understanding of key areas that require review. Improvements here will help ensure that care and support is consistent and stable because people work well together. We have made an area for improvement to support this (see area for improvement 1).

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure staffing levels are sufficiently deployed to meet people's needs.

This should include, but is not limited to:

- a. identification of areas and key times where staff are busiest and inconsistencies are most impactful
- b. exploration and implementation of creative solutions to improve people's experience
- c. gaining staff involvement throughout the improvement process.

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

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	4 - Good
1.2 People get the most out of life	3 - Adequate
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	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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