

Kirk Lodge Care Home Care Home Service

High Street
Laurencekirk
AB30 1AE

Telephone: 01561 378 932

Type of inspection:
Unannounced

Completed on:
13 October 2022

Service provided by:
Thomas Dailey trading as Kennedy
Care Group

Service provider number:
SP2003003646

Service no:
CS2007161206

About the service

Kirk Lodge is a care home for older people situated in the town centre of Laurencekirk, close to local transport links, shops and community services. The service provides residential care for up to 23 people.

The service provides accommodation over two floors in single bedrooms, some with en-suite toilet and wash hand basin facilities. There are two sitting rooms, a dining room and a large conservatory which leads to an enclosed garden area.

About the inspection

This was a unannounced follow up inspection which took place on 11 October 2022 from 10:00 to 17:00.

The inspection was carried out by three 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 and intelligence gathered since the last inspection.

In making our evaluations of the service we: spoke with people using the service, spoke with staff and management, observed practice and daily life and reviewed documents.

Key messages

Staffing levels and skill mix had improved.

People using the service, and their representatives are happy with the service.

People were supported and encouraged to maintain contact with loved ones and the service was following guidance 'Open with Care'.

Quality Assurance processes and development plans were being progressed.

There was a need to improve care plan documentation.

The promotion of activities and interests was having a positive impact on people.

The environment was clean and tidy.

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?	2 - Weak

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 were satisfied that the requirements were met. Details can be found in the 'outstanding requirements' section of the report. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

How good is our leadership?

3 - Adequate

We were satisfied that the requirements were met. Details can be found in the 'outstanding requirements' section of the report. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

How good is our staff team?

3 - Adequate

We were satisfied that the requirements were met. Details can be found in the 'outstanding requirements' section of the report. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

How good is our setting?

3 - Adequate

We were satisfied that the requirements were met. Details can be found in the 'outstanding requirements' section of the report. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

How well is our care and support planned?

2 - Weak

This requirement has not been met. We have therefore decided to extend the timescale within which the improvements must be made in order to give a further opportunity to make a significant improvement in the provision of the service.

The revised timescales are detailed in the improvement notice dated 12 October 2022.

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

Requirements

Requirement 1

By 30 September 2022, you must ensure that people receiving care are supported in an environment that is safe and clean and that appropriate procedures for the prevention and control of infection are in place and implemented.

To do this you must at a minimum:

- a) Ensure that staff receive and implement appropriate training in infection control including but not limited to the use of face masks and appropriate disposal of clinical waste.
- b) Ensure that there are sufficient staff on duty to undertake domestic duties to an appropriate standard and that cleaning schedules are followed and accurate records to evidence this are maintained.
- c) Ensure that there are sufficient staff on duty to undertake laundry duties and that they are familiar with and implement appropriate procedures, including but not limited to an appropriate procedure for the laundering of infectious linen.
- d) Ensure that quality assurance checks are made at regular intervals to ensure compliance with infection control practice and the general cleanliness of the home, including but not limited to personal care equipment.

This requirement was made on 23 August 2022.

Action taken on previous requirement

This requirement was made as part of an Improvement Notice issued on 23 August 2022 as we identified significant concerns regarding the compromised practice in infection prevention and control and general cleanliness within the home.

We found that the environment was clean, and action had been taken to reduce the risk of the spread of infection. As a result, people were supported in a more pleasant living environment that supported wellbeing.

Training had been delivered in infection prevention and control and we saw improved practice among the staff team. Staff demonstrated and were able to describe how the training had influenced their practice. There were good supplies of PPE and we found that clinical waste was disposed of safely.

Domestic hours had been increased which meant cleaning schedules were adhered to. Some of the upgrading of the environment meant that fixtures and fittings were intact and could be more effectively cleaned. Staff were dedicated to work in the laundry who were familiar with safe systems of working. As a result, the laundry was well organised and managed safely.

Environmental audits were included as part of the quality assurance programme, this helped support continuous improvement.

This requirement has been met.

Met - within timescales

Requirement 2

By 30 September 2022, you must make proper provision for the health and welfare of people receiving the service.

To do this you must at a minimum:

- a) Undertake an assessment of need of people receiving care and record the outcome, ensuring that staff carrying out the assessment of need are familiar with the assessment tools used and are competent in their use.
- b) Ensure that each person receiving care has a complete and up-to-date personal plan in place which takes account of the assessed needs and preferences of the person receiving care and sets out how their health, welfare, and safety needs are to be met. This must include but is not limited to their personal care and hygiene needs and their continence and skin integrity needs.
- c) Ensure that appropriate systems are in place to ensure all staff, including but not limited to agency staff, are familiar with the individual support needs of people receiving care.
- d) Ensure systems are in place for reporting changes in the skin of people receiving care which may indicate early signs of skin damage so that appropriate action can be taken to address such concerns.
- e) Monitor the needs of people receiving care and review and update their personal plans when there is a significant change in their health, welfare or safety needs.

This requirement was made on 17 August 2022.

Action taken on previous requirement

This requirement was made as part of an Improvement Notice issued on 23 August 2022 as we identified significant concerns in the assessment, planning and delivery of peoples care and support.

The provider had invested in making improvements to support more effective assessment and planning of peoples care and support. The health and social care partnership (HSCP) had identified and delivered training in key aspects of care including tissue viability (looking after people's skin), and record keeping, and were continuing to offer further training and support to help support all staff delivering care to enhance their knowledge, skill and practice.

Most support plans, but not all, had been reviewed and updated to include up-to-date skin assessment and support plans. It was encouraging to see that the support plan framework documentation included a summary plan of people's needs. This helps to quickly orientate temporary or new staff to people's needs. Additionally, new handover documentation shared at the start of a shift with the team provided summary and update information on people's needs.

We examined documentation and found that care records were not always person-centred and focused on the author of the entries knowledge of the individuals day rather than an overall assessment of how they had been. Additionally we found at least one assessment that was incomplete. As a result, we could not be satisfied that people who were at risk of pressure damage had the condition of their skin observed and assessed as we would expect to help identify early signs of pressure damage.

It was encouraging that audits helped identified when there were gaps in people's health and social care needs. However effective assessment and planning should not be reliant on this to support positive outcomes for people with support being planned and not responsive to identified deficits. For example, when people appearance requires attention.

This requirement has not been met. We have therefore decided to extend the timescale within which the improvements must be made in order to give a further opportunity to make a significant improvement in the provision of the service. The revised timescales are detailed in the improvement notice dated 12 October 2022.

Not met

Requirement 3

By 30 September 2022, extended from 29 July 2022, the provider must ensure that people are supported by staff in the correct numbers in ancillary, care and leadership roles who have the knowledge, skills and confidence to provide safe care that meets people's health, safety and wellbeing needs as set out in their support plan.

To do this, the provider must at a minimum:

- a) Undertake a dependency assessment on a planned and regular basis to help identify the correct numbers and skill of staff required to meet people's needs.
- b) There are adequate numbers of staff, adequately trained employed and working at all times to deliver people's planned care and to support a safe living environment.
- c) Provide a robust induction process for staff that orientates them to their role and to internal and regional policy and procedure.
- d) Provide training relevant to the staff team's care and leadership roles, in particular all training identified as mandatory by legislation and by the organisation and any other training relevant to providing a well led service that meets people's individual needs.
- e) Implement a process to assess how well staff in care and leadership roles put learning from training into practice, and support staff to make improvements to their knowledge, skills and the quality of care when necessary.

This requirement was made on 17 August 2022.

Action taken on previous requirement

Successful recruitment supported increased staff in numbers and skill across all disciplines. Although several vacancies remained the provider was actively recruiting into these roles.

As a result, staff were generally working in their designated role and not supporting deficits in some of the ancillary roles. Where cover was being provided staff were working additional hours to provide cover and it was not at the detriment of their main duties.

New staff were inducted into their role to help them become familiar with the people they support, the expectation of their role and the providers operational procedures. We spoke to one new employee who told us they felt very supported by the provider and team in being orientated to their role.

A training plan was in place to support staff's professional development. Training had been targeted in key areas including dementia, infection prevention and control, tissue viability and record keeping. Staff were able to tell us how some of the training had impacted on their practice to support good practice. Opportunities for supervision, where staff had time with a supervisor had commenced. This was in its infancy but provided opportunities for people to consider their training needs and reflect on recent training undertaken. We would encourage the provider to continue with this process to help promote staffs personal and professional development.

Met - within timescales

Requirement 4

By 30 September 2022, extended from 29 July 2022, the provider must provide the Care Inspectorate with an environmental improvement plan, laying out in detail all works required and expected completion dates.

This requirement was made on 17 August 2022.

Action taken on previous requirement

The provider had invested in making the necessary improvements which resulted in people being supported in an environment that was clean, in an improved state of repair and that had considered safety of the people living there.

An improvement plan had outlined a range of improvements including re-decoration, new furniture and fittings, kitchen upgrade, lift repairs and safety actions. We saw people enjoying their upgraded surroundings and using more areas of the home which encouraged movement.

Met - within timescales

Requirement 5

By 30 September 2022 extended from 29 July 2022, the provider must carry out an environmental Health and safety audit, have in place effective risk assessment and management plans and ensure that the environment meets required health and safety standards.

This requirement was made on 17 August 2022.

Action taken on previous requirement

Actions had been taken to better support safety in the environment. In general, the home had been de-cluttered and was more organised. As a result, there was better storage of large pieces of equipment. Bedrooms had additional items to ensure they were in a good state of repair and had standard furnishings to enable people to have their personal effects stored and displayed.

The maintenance team had been working hard on improving safety features in the home. A number of new locks had been purchased and fitted which resulted in safer keeping of high-risk items including cleaning materials. A maintenance programme was in place which planned for regular checks on aspects of the service to support health, safety and wellbeing. The team was reviewing this to provide improved guidance and quality assurance processes to provide a more robust quality safety checking system.

Met - within timescales

Requirement 6

By 30 September 2022 extended from 29 July 2022, the provider must ensure that the service is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. To do this the provider must, at a minimum:

- a) Ensure the service's performance is assessed through effective audit and other quality assurance processes.
- b) Ensure staff in leadership roles are trained in quality management, supported in their role, and are allocated sufficient time to implement the service's quality assurance processes.
- c) Ensure action plans are put in place and implemented to support improvement when required.
- d) Ensure the impact of improvement work is subject to ongoing review and assessment to determine the extent to which the improvements have positively impacted on the health, safety and wellbeing of service users and staff knowledge, skills and confidence.

This requirement was made on 17 August 2022.

Action taken on previous requirement

Improvement plans helped drive forward improvement when things were identified as falling below the required standard. This helped promote a service where there was a culture of continuous improvement.

A range of audits helped the service measure their performance against what was expected of them. It was encouraging to see that the responsibility for was shared among several members of the leadership team. This helped promote a whole team approach to identifying what needed to be improved and a shared responsibility for making the improvements. We found that action was taken promptly when improvements were required.

A new manager had recently been appointed to the service and the leadership was being developed and strengthened through support from both the providers support team and external support through the Health and Social Care Partnership. We found that the team were welcoming of the support and eager to make the necessary improvements. Staff were keen to share with us the improvements made how these had impacted positively on people using the service as well as for them as employees in the workplace.

This requirement has been 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

To support people's mental and physical wellbeing, the provider should ensure that people are supported and encouraged to move regularly throughout the day, are supported to take part in activities that have meaning for them as individuals and are able to participate in their local community in a way that they want.

This area for improvement was made on 17 August 2022.

Action taken since then

A programme of activities gave people an opportunity to engage in meaningful activity to help fulfil their day. The new activities co-ordinator had taken time to get to know people and targeted activities with their interests in mind. We saw that people were supported in hand washing small items, getting outdoors and filling the bird feeders as well as engaging in craft and other organised group activities. We were delighted to see that framed pictures encouraged discussion points between service users and staff.

Providing engagement for those that walk with purpose. A 'mushroom trail' had pictures throughout the home that encouraged meaningful stop points for people and encouraged people to visit upstairs in the home and make use of parts of the environment they might not routinely access to complete the trail. Some people had been supported to access the local community and there were plans in place to form links with other community groups.

This area for improvement has been 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?	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	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
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
3.2 Staff have the right knowledge, competence and development to care for and support people	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?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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