

Lindsay House Care Home Service

64 Cedar Avenue
Lumphinnans
KY4 9FE

Telephone: 01592 583 581

Type of inspection:
Unannounced

Completed on:
3 May 2023

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. At the time of our inspection 59 people were living in the home.

The service provides accommodation over two floors. Each unit has a lounge/dining area and single shower ensuite bedrooms. There is a good size garden which is directly accessible to people living on the ground floor.

About the inspection

This was an unannounced inspection which took place on 02 and 03 May 2023. The inspection was carried out by one inspector from the Care Inspectorate. This was a follow-up inspection to check progress to meet the requirements we made at our inspection of 27 February 2023.

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 eight people using the service and three relatives
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- Opportunities for people to be involved in activities both within and away from the home had greatly improved.
- Links had been made within the local community providing people with a sense of belonging and value.
- Further improvements to medication records was needed.
- Quality assurance and management oversight had improved.
- The impact of agency use had been considered and steps taken to reduce the impact and dependency on temporary staff.

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

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

At our previous inspection of 27 February 2023, we made four requirements in relation to this key question. We found three of these had been met at this inspection. A requirement relating to medication was extended to allow time for further improvements to be made (please refer to 'outstanding requirements' for more information).

The improvements made by the service had a positive impact on the outcomes and experiences for residents. As a result, we have re-evaluated quality indicator 1.3.

How good is our leadership?

3 - Adequate

At our previous inspection of 27 February 2023, we made one requirement in relation to this key question. We found this had been met at this inspection.

The improvements made by the service had a positive impact on the outcomes and experiences for residents. As a result, we have re-evaluated quality indicator 2.2.

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

Requirements

Requirement 1

By 1 May 2023, the provider must ensure people experience good health and wellbeing outcomes. In order to achieve this, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to mandatory training requirements, stress and distress and person centred and outcome-focused planned. This must include but is not limited to:

- a) ensure there is clear management oversight of the training undertaken by staff which is regularly reviewed and updated and
- b) develop individual and team training plans to address any unmet staff training needs with timescales for completion.

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

This is to remain 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 27 February 2023.

Action taken on previous requirement

An electronic staff training record had been developed which was accessible to all senior members of staff. Analysis of this information had enabled individual training plans to be developed for staff. Training had been prioritised and expected timescales for completion recorded. Individual plans would be regularly reviewed by senior staff which would ensure learning had been undertaken and recorded.

We heard that training had been undertaken and planned in areas of supporting people with stress and distress, adult protection and person-centred planning. To support the training to be rolled out quickly to all staff, recorded sessions were being planned. Training in nutrition and use of tools to identify people at risk of malnutrition had been provided in small groups to most of the staff team.

Where possible, staff were provided with protected training time on shift to enable them to undertake e-learning and small group learning. This was observed to be taking place during our inspection and confirmed by staff we asked.

Since our last inspection a quality improvement team had been established. This team would support managers in identifying and providing learning for staff.

We were satisfied that the provider had taken the right steps to identify and take steps to address unmet learning needs of staff. Improved oversight would support the manager to regularly review progress. This must remain a key focus and priority for the management team to ensure staff complete the required training within timescales.

This requirement has been met.

Met - within timescales

Requirement 2

By 17 April 2023, the provider must protect the health and welfare of those who use the service by ensuring people receiving care experience safe, competent and effective support with medication. This must include, but is not limited to:

- a) ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue a medicine
- b) develop, implement, and regularly review pain assessment tools to ensure signs that people receiving care are in distress or discomfort are identified and addressed timeously
- c) develop, implement and regularly review as required protocols to ensure people receiving care receive as required medication timeously

d) ensure staff consistently record the outcome of as required medication to inform prescribing decisions by healthcare professionals.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to remain consistent with the Health and Social Care Standards (HSCS) which state that:

"I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

This requirement was made on 27 February 2023.

Action taken on previous requirement

During this visit we found significant improvements had been made in the recording of regular prescribed medication. This gave us reassurance that people were receiving the right medication at the right time.

We found protocols were now in place for any medication which had been prescribed by health professionals on an 'as required' basis. This provided guidance to staff on when and how frequently this medication could be given. It is important that 'as required' protocols provide personalised information about the circumstances under which as required medication is given for each person; for example, details about how a person expresses pain or signs a person is experiencing distress. This supports staff to make informed decisions and ensures good health and wellbeing experiences for people. We did not find this information to be in place. Whilst we were reassured staff were able to tell us this information, improvements must be made to these records.

It is important that staff record the effect/outcome of medication they have administered on an 'as required' basis. This supports health professionals to know whether good health and wellbeing outcomes are being achieved. Whilst some improvements were noted, this was still not a consistent practice.

It is important that staff have access to and are confident in the use of pain assessment tools. These support staff to identify when people who may have difficulties with communication are experiencing pain. We heard that the use of the PAINAD tool had been trialled and was planned to be introduced to Lindsay House. However, staff had not yet had the right training for this to happen.

Whilst we saw improvements, this requirement was not fully met. We agreed a timescale extension to 05 July 2023 for the provider to meet this requirement.

Not met

Requirement 3

By 1 May 2023, the provider must ensure that the number and skills mix of staff in the home are adequate to meet the health, welfare and safety needs of people receiving care at all times.

This must include but is not limited to:

- a) regular assessment of the needs of people receiving care which takes into account the support people receiving care require to live purposeful and meaningful lives
- b) demonstrating how the findings of the needs assessment alongside additional intelligence and quality assurance audits are used to inform staffing numbers and the skills mix of staff throughout the home at all times
- c) a written plan to reduce the impact on people experiencing care from the use of agency staff and a plan to reduce future dependency on agency workers
- d) ensuring risk assessment and management procedures to identify and address any staff shortages are fully adhered to and recorded.

This is in order to comply with Regulation 4(1)(a), and Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to remain consistent with the Health and Social Care Standards (HSCS) which state that:

"I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.16) and;

"My needs are met by the right number of people" (HSCS 3.15) and;

"I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

This requirement was made on 27 February 2023.

Action taken on previous requirement

During this inspection we saw the tool to assess staffing levels had improved. Dependency assessments were completed monthly for each person and used to inform the risk register. This was the tool used by managers to assess the staffing requirements for each area of the home. Managers were encouraged to adjust levels based on additional information. An exemplar had been produced to demonstrate this, which included specific needs of residents, environmental considerations or planned activities. Managers were also expected to consider additional intelligence gathered through audits, feedback from staff and residents or significant events to adjust staffing levels. We discussed how this could be better evidenced and this was taken forward positively by senior management.

A contingency plan was in place which detailed the action staff should take in the event of staff shortages. This included how to deploy staff using the risk register to minimise the impact on residents. Where the contingency plan had been used, records showed appropriate follow up from the manager to assess any negative outcomes to people.

Residents we spoke to told us buzzers were answered quickly. One person said there had been occasions that, because staff were busy elsewhere, they had to wait a short time. However, staff had quickly checked whether it was an emergency and explained the delay. During our last inspection we had particular concerns about overnight staffing levels and response times. The nurse call system was now regularly audited throughout a 24-hour period to make sure people's calls were being answered promptly.

Staff we spoke to felt staffing levels had improved. However, the high use of agency staff we highlighted at our last inspection continued to have a negative impact on both staff and residents. We recognised the efforts the provider had taken to address this and also acknowledged the difficulties across the care sector in relation to staffing. The provider had taken steps to improve how quickly new staff could be recruited alongside steps to, wherever possible, use consistent relief or agency workers. A risk assessment considering the impact of agency had been developed. This should be regularly reviewed by senior managers to make sure the impact and use of agency staff is monitored with a view to decreasing dependency on temporary staffing.

This requirement has been met.

Met - within timescales

Requirement 4

By 17 April 2023, the provider must organise appropriate activities for people receiving care and provide sufficient staff to support people receiving care to engage in activities meaningful to them. There should be a focus on the quality and amount of physical and social activity made available for people receiving care, within and outside the home.

This is to comply with Regulation 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/2010)

This is to remain consistent with the Health and Social Care Standards (HSCS) which state 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).

This requirement was made on 27 February 2023.

Action taken on previous requirement

Opportunities for people to be active, stimulated and spend time away from the home had significantly improved since our last inspection. A staff member had taken responsibility to coordinate and plan events and activities. As a result, even in the absence of the coordinator, staff and residents knew what was planned each day. This helped residents to organise their time and have events to look forward to.

We saw people had experienced a wide variety of experiences. This included movement classes, baking and cooking groups, crafts and events away from the home. On the day of our inspection people were looking forward to a mystery tour and lunch away from the home. Links had been made with local schools with residents enjoying a visit to a nearby primary school. Craft groups were involved in gathering newspapers and knitting blankets to support local animal charities. This supported people to feel valued and involved in the community they lived. Further plans to connect with community groups were being discussed.

Residents and staff spoke positively about these opportunities and the impact this had on wellbeing. One person told us that they had enjoyed singing along with live music and said "there is always plenty to do here every day now".

This requirement has been met.

Met - within timescales

Requirement 5

By 1 May 2023, the provider must, ensure service users' health, safety and well-being needs are met. In order to achieve this, the provider must ensure that the service is led well and quality assurance for the service is responsive and carried out effectively.

This must include, but is not limited to:

- a) appropriate governance and oversight is in place by the provider and at the service. This must include audits for monitoring and checking the quality of service over a 24-hour period which are accurate, up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without delay
- b) staff carrying out quality checks are fully competent, knowledgeable and skilled in the area they are auditing
- c) a dynamic service plan is implemented and available for staff, service users and/or their representative which identifies priority improvements, timescales for completion and responsible person.

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

This is to remain consistent with the Health and Social Care Standards (HSCS) which state that:

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

This requirement was made on 27 February 2023.

Action taken on previous requirement

A quality assurance system had now been introduced. This set out a clear expectation of which audits should be completed and the frequency of these. This included checks in areas such as medication, personal plans, environment, training and response times over a 24-hour period. Audits we sampled showed these were being carried out regularly and were leading to improved experiences for people. Senior management had oversight of the checks being carried out via monthly reports submitted by the manager. Further consideration was being given to improving oversight within the quality assurance system to ensure it remained effective.

The service had a newly established quality improvement team. They had supported briefings for managers in relation to the new quality assurance system. Further briefings were planned this week for senior social care workers.

The team had audited checks which had been completed within the homes to check if these were being carried out robustly. This helped them to target training where it was needed. We felt this team would be a positive support in embedding and developing quality assurance within the home.

A plan had been developed which identified the improvements which were being undertaken within the home. This had been updated as actions were completed. The plan was dynamic and showed senior staff had used information to identify a focused area for improvement. Moving forward, the manager should find ways to involve staff, residents and relatives in reviewing and updating the service improvement plan.

Consideration should now be given to how the voices of stakeholders are heard within the quality assurance system. This might include involving them in the audits which are being undertaken or seeking views via focus groups and/or questionnaires.

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 ensure people experience good health and wellbeing outcomes which is delivered in the right way for each person the provider should;

- a) ensure each person has a person centred and outcome-focused plan in place which is reflective of their preferences and provides consistent and clear guidance for staff
- b) ensure plans are regularly evaluated to ensure the planned care is effective in supporting positive health and wellbeing outcomes
- c) ensure information within personal plans is regularly audited to drive ongoing improvements.

This is to remain consistent with the Health and Social Care Standards (HSCS) 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).

This area for improvement was made on 27 February 2023.

Action taken since then

This area for improvement was not assessed during this inspection.

Previous area for improvement 2

To ensure people experience good health outcomes, the provider should develop a system for ensuring the outcome of health screenings and professional visits to people experiencing care are sought and recorded.

This is to remain 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) and;

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

This area for improvement was made on 27 February 2023.

Action taken since then

New paperwork had been introduced to record contact and input from health professionals. Sampling of these records showed that follow-up from care staff had significantly improved. This supported good health and wellbeing outcomes for people and reduced the likelihood of important care needs being overlooked.

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	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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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