

Lunardi Court Care Home Service

39 Robertson Road
Cupar
KY15 5YR

Telephone: 01625417800

Type of inspection:
Unannounced

Completed on:
15 August 2023

Service provided by:
Four Seasons Homes No4 limited, a
member of the Four Seasons Health
Care Group

Service provider number:
SP2007009145

Service no:
CS2003010343

About the service

Lunardi Court care home is a purpose-built property situated in a quiet residential area of Cupar. The home offers 24 hour residential nursing care for a maximum of 40 older people and there were 39 people living here when we visited. The home is part of the Four Seasons Health Care Group.

The manager is responsible for the day-to-day running of the home and supervision of staff, supported by the deputy manager and the regional support manager.

The home provides accommodation on two floors, in single occupancy rooms with en suite toilet facilities. Each floor has a communal lounge/dining area. There is a large, enclosed garden and patio area for residents use.

About the inspection

The inspection was carried out by one inspector from the Care Inspectorate. This was a follow up inspection to consider progress made towards a requirement set from an upheld complaint on 8 March 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 three people using the service and five of their family
- spoke with three staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People, relatives and staff told us their views were sought and valued.
- People were cared for by staff that were kind and knew them well.
- People told us that management was visible, approachable and well led.
- Supporting people to have a meaningful day continued to require development.

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 that concerns raised about staff misconduct are properly investigated to support people's health, welfare, and safety. To do this, the provider must, at a minimum:

- a) review the Probationary Policy to provide management with guidance on the steps to be taken, should allegations of staff misconduct be raised
- b) review management training needs to identify any gaps in knowledge around the appropriate response to allegations of staff misconduct, to protect people experiencing care and staff.

To be completed by: 01 May 2023

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 8 March 2023.

Action taken on previous requirement

This requirement was made following an upheld complaint on 8 March 2023. At our inspection on 16 June 2023 they had not fully met the requirement and the timescale was extended to 10 July 2023.

The provider had reviewed their Probationary Policy providing clear direction to support management when using the policy and steps to be taken should allegations of staff misconduct be raised. They have identified that it would only be the manager and deputy manager who would be involved in probation reviews.

Since our last inspection on 16 June 2023 we saw evidence of the deputy manager having received supervision. The manager had a supervision plan in place for the coming year for his whole staff team. There was a scheduled date for the manager's supervision booked for the following week with the regional

manager. Providing regular supervision helps to support development of the management team and identify any specific issues, such as training needs.

The management team had received some recent training relating to leadership which was reported to have been informative. We were advised that the management team's competencies would be assessed annually by the Regional Management team.

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

In order that service users experience a service with well trained staff, staff should receive regular supervision and appraisals. The provider should evidence staff competency, with staff learning and development needs being assessed, reviewed, and addressed. This process should also reflect any period of induction and probation and with support from the provider's training plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 area for improvement was made on 20 July 2023.

Action taken since then

We did not consider this fully at this follow up inspection. However, the manager updated us on progress to date to meet this area for improvement.

The manager now has a supervision schedule in place for his staff team for the coming year. Some supervisions have taken place since we inspected in June 2023 with a focus on staff support and development. Further time will be required to allow the management team to fully implement this plan and identify any specific training needs or trends within the staff team.

The induction process, direct observations of practice and training needs require further time to be developed and evaluated.

This area for improvement was not fully met.

Previous area for improvement 2

In order for people's care plans to direct staff in delivering person centred care for people the provider should:

- a) include person-centred information outlining needs, abilities and support required to meet those needs and;
- b) accurately reflect risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks,
- c) for people who can experience stress and distress, this should include the appropriate use of assessment tools relating to a person's behaviour, such as ABC charts,
- d) care plans to be regularly reviewed, with people or their representative involved.

This is to ensure care and support is 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 20 July 2023.

Action taken since then

The manager provided us with an update on progress to date regarding this area for improvement but we recognise this requires further time to achieve and evaluate any positive outcomes for people living at Lunardi.

- a) We saw evidence of staff gathering person-centred information on people at point of admission and through reviews of existing care plans. Use of life story work and valuing people's previous interests and experiences was an evident focus of the management team.
- b) Evidence of training being provided relating to skin care and risk assessment tools.
- c) For people experiencing stress or distress their care plans require further information to direct the staff who are caring for them.
- d) We saw evidence of greater consultation and involvement with people and their families.

This area for improvement was not fully met.

Previous area for improvement 3

In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and purposeful for them.

This is to ensure that care and support is 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 earning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 31 May 2022.

Action taken since then

The manager provided us with an update on progress to date regarding this area for improvement.

Some progress was noted with the two activity staff members developing how they support people to engage in meaningful activities. We saw evidence of gathering information on the individual and their past interests to help inform interactions. Families and some people told us that they now had opportunities to engage in outings and activities, which were being enjoyed.

For people with increased frailty or cognitive decline there was a lack of meaningful engagement at times. Staff would benefit from ongoing training in dementia care and access to increased personalised information for people they are caring for.

The manager was committed to support staff in developing their knowledge base and to recognise the importance of seeing the individual person.

Further time is required to fully evaluate current changes and related outcomes for people.

This area for improvement was not fully met.

Previous area for improvement 4

In order that people experience good outcomes and quality of life, the provider should continue to develop their dementia service. This should continue to include the setting, record keeping and, staff training and development.

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 meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 31 May 2022.

Action taken since then

This area for improvement was not fully looked at but the manager provided us with an update.

Some progress was noted with the two activity staff members developing how they support people to engage in meaningful activities. We saw evidence of gathering information on the individual and their past interests to help inform interactions.

Further staff development and training was required to support staff in providing a meaningful day for people living with dementia.

The environment had signage in place to support people with dementia. There is planned improvements which will also require consideration for people living with dementia. The manager has referred to best practice guidance (King's Fund Environmental tool - see area for improvement 5 below).

This area for improvement was not fully met.

Previous area for improvement 5

In order to promote activity and independence for people with dementia and other cognitive impairments, the service provider should make appropriate changes to the internal environment and garden area. The use of the King's Fund Environmental Assessment Tool and involving people/their representatives in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This area for improvement was made on 31 May 2022.

Action taken since then

We did not consider this fully at this follow up inspection. However, the manager updated us on progress to date to meet this area for improvement.

The King's Fund Environmental Assessment Tool had been used to identify areas for development. Some of these had been gathered up in the manager's service improvement plan and we found remedial work had been initiated. This should continue and consider the promotion of independence for people living with dementia and other cognitive impairments.

We saw evidence of regular timely, communication with relatives and the management team. Families told us they felt communication had improved and that their opinions were being valued.

Residents' meetings were now being held with evidence of people's views being considered. We would like to see further development in gathering people's views/preferences, particularly relating to any planned remedial work, such as redecoration or use of outdoor spaces.

The upkeep of the enclosed garden had improved, with people being offered more opportunities to access this. The existing summer house was being upgraded to support people having access to an alternative outdoor space.

This area for improvement was not fully met.

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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Compass House
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