

## Lochleven Care Home Care Home Service

Panmuirfield Dundee DD5 3UP

Telephone: 01382 775 831

**Type of inspection:** Unannounced

**Completed on:** 29 August 2023

**Service provided by:** Thistle Healthcare Limited

**Service no:** CS2005098333 Service provider number: SP2003002348



### About the service

Lochleven Care Home is situated on the outskirts of Dundee and is close to local amenities such as shops, a pharmacy, church, pub and children's nursery. The home is purpose-built, and all bedrooms have ensuite facilities. There are also enclosed garden areas, which can be used by residents and their visitors.

The home is owned by Thistle Healthcare Ltd and is registered to provide care to older people and people with dementia. It is registered for a maximum of 100 residents and is divided into four separate units, each with 25 places.

## About the inspection

This was an unannounced inspection which took place on 29 August 2023. 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 and intelligence gathered since the last inspection. This report should be read in conjunction with the previous report dated 18 May 2023.

In making our evaluations of the service we:

- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Infection prevention and control (IPC) practices needed to improve.
- The provider was responsive and receptive to our feedback.
- Social activities for people needed to improve.

## 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?	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? 2 - Weak

This inspection focussed on improvements required from the inspection on 24 May 2023. We have detailed the progress in these areas under the following section of this report:

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

We continued to have concerns about the overall standard of cleanliness of the building, and safety of people living there. We have re-graded the service in recognition of the requirement still outstanding. Grades have been moved downwards, as we evidenced the previous grade of 'adequate' is now 'weak.' We also noted that one sluice room which contained potentially harmful chemicals was unlocked. This presented a risk to the people living in the service. A requirement is made.

#### Requirements

1. By 28 September 2023, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

a) ensure that the internal premises, furnishings and equipment are safe, clean and tidy
b) ensure that when the integrity of mattress protectors and chairs are compromised, they are replaced promptly

c) ensure that any rusty equipment is replaced.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) 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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24)

2. By 28 September 2023, the provider must ensure that service users experience care in an environment that is safe.

In particular you must:

a) ensure all sluices are locked and harmful chemicals are stored securely.

This is in order to comply with Regulation 4(1)(a) and (d) 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: 'My environment is safe and secure.' (HSCS 5.17)

#### Areas for improvement

1. In order to improve people's physical and mental wellbeing, the service provider should review the way in which activities and social interaction are organised. This should focus on the quality and amount of physical and social activity made available for people, within and outside the home.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

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

## Requirements

#### Requirement 1

By 9 June 2023, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection. In particular you must:

a) ensure that the internal premises, furnishings and equipment are safe, clean and tidyb) ensure that there is a plan in place for the refurbishment of the kitchen areas within a reasonable timeframe.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) 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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24)

#### This requirement was made on 18 May 2023.

#### Action taken on previous requirement

Overall, we found the standards of cleanliness inadequate to prevent the spread of infection. We found pieces of equipment that were rusty and not fit for purpose in people's ensuite bathrooms. The chairs in some of the sitting rooms were not clean and the material on some of them was torn, meaning they could not be adequately cleaned. We also found one mattress protector needed replaced as it was worn and the integrity of it was compromised. A duvet and a pillow which were in the bedrooms were not clean and were heavily stained. We found a crash mat under someone's bed that was very dirty. Although the laundry was tidy, we found unclean and rusty equipment in use.

These findings were discussed with management who agreed action needed to be taken to ensure the overall standards of cleanliness were improved and maintained.

The kitchen areas identified at the previous inspection were in the process of being replaced. This element of the requirement is met. However, the other elements of this requirement remain outstanding and we have amended the requirement to reflect our findings.. See Key Question 1.5.

Not met

# 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 to improve people's physical and mental wellbeing, the service provider should review the way in which activities and social interaction are organised. This should focus on the quality and amount of physical and social activity made available for people, within and outside the home.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

#### This area for improvement was made on 18 May 2023.

#### Action taken since then

We found from our sample of records that there were limited activities throughout the month of June and also in the last 28 days prior to our follow-up inspection. For example, Lomond Unit, through June 2023, had 15 days where no activity was recorded, and a further 10 days noting only one activity. At times, 'taken to room', 'taken to sitting room', 'visit relative', 'had a visitor', were noted as 'activities'. The manager explained that through the move to adopt Pool Activity Levels (PAL), these activities will be worthy of merit. We also saw that the development of a central activity room was well underway.

We concluded that this area for improvement was being addressed but had not been fully realised. It was, therefore, not met. See Key Question 1.2.

#### Previous area for improvement 2

To ensure positive outcomes for people who use this service the provider should:

a) be able to demonstrate that people's dietary requirements are clearly recorded and sufficiently detailed to reflect the care/support planned and provided

b) be able to show evidence of regular ongoing monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities to meet people's dietary requirements and can demonstrate this through their practice.

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 on 18 May 2023.

#### Action taken since then

We read several care plans which showed us that MUST scores (a screening tool used to detect people who are at risk of malnutrition) were recorded for all residents. There were areas that could be improved, such as food likes and dislikes being noted for all people. We also initially found it difficult to locate treatment details when MUST scores became a concern. However, by exploring into the system a little deeper we found good notes for treatment, such as high calorie diets for those that needed it. The service was proficient in navigating this system and could access the necessary information as required.

We noted this area for improvement as met.

#### Previous area for improvement 3

The provider should ensure copies of up-to-date legal documentation are in place and accessible in order to evidence who holds legal authority for decision making for people, and to ensure the right people are consulted for financial and welfare decisions.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state: 'If I am unable to make my own decisions at any time, the views of those who know my wishes such as my carer, independent advocate, formal or informal representative are sought and taken into account.' (HSCS 2.12)

#### This area for improvement was made on 18 May 2023.

#### Action taken since then

We found these to be well organised by room number and documents were neatly contained within polypockets. From the sections we sampled we found good, current documents in relation to capacity, legal powers and resuscitation. In one section we found non-legal paperwork which perhaps belonged in the main care plan. Therefore, the folders may benefit from regular audit. However, for the purposes of this area for improvement, we concluded that it was 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?	2 - Weak
1.2 People get the most out of life	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak

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