

Forthland Lodge Care Home Care Home Service

Forthland Lodge Care Centre
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EDINBURGH
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Telephone: 0131 5550601

Type of inspection:
Unannounced

Completed on:
14 September 2023

Service provided by:
Forthlands Care Limited

Service provider number:
SP2021000166

Service no:
CS2021000269

About the service

Forthland Lodge Care home is registered to provide care and accommodation for 35 older people and 12 adults with acquired brain injury. The provider of the home is Meallmore.

The home is conveniently located close to the city centre of Edinburgh and offers residents safe and comfortable surroundings in a purpose-built nursing home. The building provides accommodation for residents in four wings with connecting corridors.

Each wing has their own bathroom, kitchen, dining and lounge facilities. All bedrooms are single occupancy and en-suite shower facilities. There are enclosed gardens to the rear of the home, accessible from each unit, and a communal conservatory and coffee lounge.

The service was supporting 46 people at the time of our inspection.

About the inspection

This was an unannounced inspection which took place on 4 September 2023 between 09:00 - 18:00 and 5 September 2023 between 08:30 - 16:15. The inspection was undertaken by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 residents who experience care and 14 of their family / friends / representatives.
- Spoke with 14 staff and management.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- We observed some good interactions between staff and residents, but there were missed opportunities where this could have been expanded, resulting in enhanced meaningful contact with people.
- There were good systems in place to support staff and management to have a clear clinical oversight of people's health and wellbeing needs.
- Although quality assurance systems supported aspects of service delivery, this was not fully utilised to drive forward improvements.
- Staff felt supported from their peers, but there was a consensus that they would like more support from the managers, including support and supervision and opportunities to reflect on their practice.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

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.

Through our observations of practice, we witnessed some lovely engagement between staff and residents, especially when they were exploring activities to do together and at mealtimes. There were however some missed opportunities when staff were not so pro-active and the level of meaningful engagement or activity placed people at increased risk of withdrawal. This has the potential to result in poor physical or psychological health outcomes. One relative told us, "My dad was in the army, and he loves talking about the old days. It's a shame the staff don't know this even though it's detailed in his personal plan. This could lead to some meaningful conversations."

Relatives spoke highly of the efforts staff made to welcome visitors and celebrate special occasions like birthdays. There was a fully enclosed garden which was enjoyed by residents for activities or meeting with their relatives. One relative told us: "My dad was quite withdrawn when in hospital prior to coming here, but he has come out of his shell and seems much happier."

There was a programme of activities with a good balance of one to one and group events. This included innovative use of technology like an online Zumba class, where residents could meet other residents in care homes throughout the country. A new activities worker had recently been recruited and had lots of ideas to deliver meaningful activities for people, including enhancing community engagement.

Many people were vulnerable to falls and appropriate person-centred risk assessments guided staff on how to support people to meet their needs. The manager had a good analysis of incidents of falls; trends and patterns to explore ways of minimising them occurring where possible.

We looked at the health and care documents of those living in the home. Good records were in place to monitor the care delivered to people, including their, food and fluid intake and the prevention of pressure sore measures. However, improvements were needed to ensure people were supported with their oral health, in line with the 'Caring for Smiles'; Scotland's oral health promotion training and support programme. Please see area for improvement one.

Due to the nature of some people's health needs, stress and distress behaviours were at times displayed and this was impacting negatively on others. Whilst staff have been trained to support people should any situations arise, we identified that the guidance could be further enhanced, adopting a traffic light approach to any incidents that occur. These would typically detail any triggers for the behaviour and any tried and tested techniques to support people more effectively. We discussed this with the manager.

How good is our leadership?

3 - Adequate

We assessed the performance of the provider in this area as adequate. There were some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Supported people and their relatives completed a satisfaction survey, based on our inspection framework, focusing on people's wellbeing, staffing, leadership, environment, and care planning. All the above contributed to an improvement and development plan. There was an informative display in the reception area titled "You said, We did", detailing what suggestions had been made by people and what had been implemented. This told us that people were able to give their opinions on improvement and felt their views were valued.

Systems were in place to monitor aspects of service delivery. However, managers did not consistently utilise these to inform action plans to drive effective and sustainable change. Improvements were needed to ensure that where audits had taken place these were meaningful and led to improved outcomes for people. This included, but was not limited to oral health, the cleanliness of some areas of the home, observations of practice and reflective practice discussions.

How good is our staff team?

3 - Adequate

We assessed the performance of the provider in this area as adequate. There were some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Through our observations of staff practice, we concluded that they were well-meaning in their actions and clearly wanted to take care of people.

There was a range of approaches to suit different learning styles, and it was evident that all staff had access to relevant training to meet the ongoing care and support needs of people. A training matrix was monitored by the manager to ensure staff training was up to date and reflected best practice.

The views from staff regarding how they were supported by the management team was mixed. Some staff felt the management were approachable where others felt they could be more visible and available to discuss issues with them. Although staff felt supported from their peers, there was a consensus that they would like more support from the managers.

Arrangements for the ongoing assessment and competency of staff performance was sporadic. There was limited opportunity for staff to have time to discuss or reflect on their practice. Staff team and supervision meetings needed to be more structured and frequent to enable people to have confidence that staff are competent, skilled and can reflect on their practice and follow their professional and organisational codes. Please see area for improvement one.

Areas for improvement

1. To ensure people experience high quality care, the provider should ensure that there is a structured team meetings and support and supervision system in place for staff. This is to support the ongoing development of staff, ensuring they are competent, skilled and able to reflect on their practice to continue to meet people's needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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." 3.14.

How good is our setting?

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.

People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light, and sufficient space to meet their needs and wishes. The environment was relaxed, communal spaces and bedrooms were clean, tidy and well looked-after, with no evidence of intrusive noise or smells.

All rooms had personal items and a homely feel to them with appropriate decoration. This highlighted the support given to people to decide on the furnishings and layout of their bedroom including the option to bring their own furniture.

Cleaning procedures were in place and staff worked hard to keep the home clean. However, despite the providers quality assurance practices identifying that improvements were needed to the cleanliness of the sluice rooms, action had not taken place for some time. The rooms were untidy, cluttered, and not clean. This posed a potential infection prevention and control risk to people. Improvements were made at the time of our inspection.

Systems for the ongoing maintenance of the environment and equipment were either not organised or not followed, which could place people at risk. Some equipment may not be fully functioning or break down regularly. Please see area for improvement one.

Areas for improvement

1. To ensure people experience high quality care and support that is right for them, the provider should have appropriate systems in place for the ongoing monitoring of the premises, This includes, but is not limited to the following: Boiler checks, hot water temperature checks, legionella checks and the use of any equipment; for example wheelchairs.

This is to ensure care and support is consistent with Health and Social Care Standard 5.24:
"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment."

How well is our care and support planned?

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.

People's personal plans were electronic, and this enabled staff to have quick access to the information and knowledge required to meet peoples care needs. The combination of the daily notes and care delivered provided a good overview of someone's day, focusing on their agreed outcomes.

Personal plans were written well and comprehensive, with good information to lead and guide staff on how best to support the person. Support plans were reviewed monthly, with formal reviews with family and health professionals held six monthly.

People were fully involved in decisions about their current and future health support needs. Their plans and wishes for their life in the future were also fully taken account of. Where appropriate, this involved the use of anticipatory care plans.

Regular reviews were being held, however records were not consistent in detail and in some cases provided a limited overview of the outcome being achieved and any actions agreed. The manager acknowledged this and was keen to explore a benchmarking exercise to ensure they were all the same good standard and provide meaningful content.

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 have positive mealtime experiences, the provider should ensure care and support is tailored to the needs, wishes and choices of people and delivered in a dignified way.

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This area for improvement was made on 4 August 2022.

Action taken since then

Through our observations, mealtime experiences were generally good and people had a choice as to what they would like to eat. People were not rushed, ate at their own pace in a pleasant environment.

Previous area for improvement 2

To ensure people are safe and free from any hazards, the provider should ensure that the environment has plenty of fresh air and is ventilated appropriately to meet people's health and wellbeing needs.

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state: "My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes. (HSCS 5.19)."

This area for improvement was made on 4 August 2022.

Action taken since then

Improvements had been made to ensure anyone smoking in the garden areas near external doors had a minimal impact on those living in the care home.

Previous area for improvement 3

To ensure people benefit from a culture of continuous improvement, the provider should implement an improvement and development plan, incorporating feedback from people and the findings from the various quality assurance measures in place.

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state: "4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

This area for improvement was made on 4 August 2022.

Action taken since then

An improvement plan had been implemented since our last inspection, utilising information sought from supported people, their relatives and staff.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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