

Kirk Lodge Care Home Care Home Service

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Telephone: 01561 378 932

Type of inspection:
Unannounced

Completed on:
23 October 2023

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, Aberdeenshire. It is close to 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 toilets 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 an unannounced follow up inspection which took place in the service on Tuesday 17 October 2023 and Wednesday 18 October 2023. The inspection continued virtually on Thursday 19 October 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.

In making our evaluations of the service we:

- spoke with ten people using the service and four of their family;
- spoke with nine staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- There were positive relationships between staff and people living in the service.
- Personal care records were not completed consistently.
- The service had improved oversight of the maintenance of the home.
- The service was following safer recruitment guidance and paper work and files relating to this had improved.
- Further improvements are required to the oversight of medication, staff practice and the deployment of staff.
- Staff visibility was limited at times, particularly in communal areas.

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

Requirements

Requirement 1

By 14 July 2023, the provider must support people to receive their medication in the way it has been prescribed.

In order to achieve this, the provider must as a minimum:

- Ensure all medication is recorded and administered in line with best practice.
- Ensure that "as required" medication protocols are updated to reflect the current prescribed medication for the person.
- Ensure that where required people have a homely remedy plan in place which has been agreed by a medical professional and medication stock is available
- Ensure that there is improved oversight and auditing of medication and that appropriate actions are taken if a discrepancy is identified.

This is to comply with Regulation 4(1)(a) & (d) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is 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); and
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 14 April 2023.

Action taken on previous requirement

The service had a medication policy in place. We observed that three medication competency assessments had been undertaken. Whilst this was positive, the manager should carry out competency assessments for all staff working with medication on a regular basis. This is to ensure staff have the necessary skills and knowledge and to identify training needs. We observed that people's homely remedies were in stock which was an improvement from the last inspection.

The management team had undertaken regular medication audits. Although this was an improvement, it was disappointing that there were still medication errors. For example, we observed that best practice guidance was not consistently followed on handwritten medication records. Some medication had been out of stock which resulted in people not receiving their prescribed medication for several days. People's health could deteriorate because of this.

When people were prescribed topical medication such as cream, there were no directions in place to guide staff. Paperwork had been removed following our last inspection due to staff not completing it consistently. Some of these medications had not been added to people's medication charts and we were unable to read some labels. This meant we were not confident everyone was receiving this type of medication as prescribed. For example, one person received their topical medication twice per day instead of once per day.

We observed that someone's medication had been left sitting on a table without staff present to administer it. This was a risk to people living in the home. This was fed back to the manager and provider who assured that this would not happen again.

The requirement has not been met however due to some improvement the requirement will remain and has been extended to 3 January 2024.

Not met

Requirement 2

By 13 October 2023, the provider must ensure that quality assurance processes are carried out effectively, in a manner which achieves improvements

To do this the provider must ensure, as a minimum:

- a). Effective quality assurance systems are in place to include meaningful analysis in the event of adverse incidents, accidents and incidents such as stress and distress or a fall.
- b). Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified; and
- c). Action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.
- d). An overall service improvement plan is developed that is regularly discussed, reviewed and updated with staff, residents, families and other stakeholders.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is 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 14 April 2023.

Action taken on previous requirement

There had been some improvement to quality assurance processes within the service. Whilst the manager had a planner to help coordinate this, we observed that this was sometimes sporadic. This meant that observations of staff practice, audits, and daily walk arounds the service were not as frequent as they should be. This could lead to missed opportunities to improve outcomes for people.

During the inspection we identified some equipment which was not clean. This was shared with the manager and addressed. There was an improvement to the recording and signing of action plans for any maintenance issues.

Staff meetings were taking place and we observed that the manager shared information and highlighted areas of improvement to the team. The manager also wrote actions from medication errors for staff to read and sign. This approach was not effective as improvements were not consistently embedded into staff practice. For example, there were still recording gaps in people's records.

We observed that audits of people's personal plans were undertaken. Whilst this was an improvement, these were not always fully completed. For example, dates, signatures and who was responsible for the actions was missing.

There was a service improvement plan in place however this did not link to people's views and the improvements identified from audits. The service improvement plan should continue to be developed to incorporate the views of people living in the service and their families to support a culture of continuous improvement.

There was some improvement to the recording of accident and incidents. However, we could not be confident that all accidents and incidents were recorded. We identified that some incidents had not been recorded appropriately and notifications had not been made to the appropriate agencies. We were not confident that the level of quality assurance in the home improved experiences and outcomes for people.

It was positive that there was a more proactive approach to the management of falls in the service.

The requirement has not been met however due to some improvement the requirement will remain and has been extended to 3 January 2024.

Not met

Requirement 3

By 13 October 2023, the provider must ensure that people are supported by well trained staff whose skills and knowledge are kept up to date.

In order to achieve this, the provider must as a minimum:

a). Ensure that all staff receive appropriate training to carry out the work they are to perform by completing

- a training needs analysis.
- b). Develop a training plan that is specific with timescales for completing training activities.
- c). Evaluate the effect of training on outcomes for people through observations of staff practice, competency assessments.
- d). Monitor staff practices regularly, and assess staff as being competent, particularly in relation but not limited to, infection control and prevention and medication practices.
- e). Improve the quality assurance of staff training to ensure that managers are aware of the training needs of staff.
- f). Ensure regular staff meetings take place to provide a forum for staff discussion.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for care Services) Regulations 2011 SSI 2011/210 Regulation 4 and Regulation 9.

This is to ensure care and support is 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 14 April 2023.

Action taken on previous requirement

Staff had access to an online training system which offered a variety of training opportunities. This electronic system supported the manager's oversight of training. Most staff had completed mandatory online training which was positive.

Staff were waiting for face-to-face training in moving and handling. This meant we could not be confident that all staff had the right knowledge, skills, and competency to support people. We were advised that this training had been arranged but could not proceed. The provider assured us that this would be re-arranged.

The observations of staff practice did not note any actions to be carried forward and were sporadic. These observations would assess the impact of training, ensure staff were competent and identify any learning needs. To improve this, the manager should develop a plan for regular observations. The outcome of staff observations should be reviewed in staff supervision and appraisals. It was positive that there had been a recent consultation with staff about their training needs.

We observed that some staff had completed an induction. Whilst this was positive, some documents had not been fully signed off as completed. Agency staff reported that they found the information the service provided in a folder to be helpful. We observed that the folder contained a summary of individual needs and emergency plans. The manager should ensure that the folder is always up to date. This would help avoid any confusion or additional risk in an emergency.

The requirement has not been met however due to some improvement the requirement will remain and has been extended to 3 January 2024.

Not met

Requirement 4

By 13 October 2023, the provider must ensure that people's health and wellbeing needs are met by the right number of people and that their care and support is right for them to support good outcomes for people.

In order to achieve this, the provider must as a minimum:

- a). Continue to recruit staff to fill the current vacancies and develop a robust contingency plan to cover any periods of vacancy, annual leave or sickness.
- b). Continue to ensure sufficient staff are consistently rostered to keep people safe and meet their health and care needs.
- c). Ensure staff are deployed appropriately to ensure responsive care to people.
- d). Ensure that effective reviews are regularly undertaken to take account of; - the layout of the building; - direct care hours required to meet the needs of each person; - the appropriate mix of staff skills required to meet the needs of people using the service; and - staff hours are adjusted to meet people's changing needs as people's dependency levels change.

This to comply with Regulations 3, 4(1)(a) and 17(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

This requirement was made on 14 April 2023.

Action taken on previous requirement

We observed that the provider was actively trying to recruit staff. The provider informed us they planned to introduce an incentive due to the geographical location of the service.

We were concerned about staff visibility at times during the inspection. For example, there were extended period of times when staff were not visible in communal areas. This meant staff were not able to provide responsive support to people's needs and ensure safety. We observed on occasion other residents would go and get staff to support others. This was also a concern at mealtimes. We observed occasions when staff were not present. This meant there could be delay in responding if someone was to choke on their food.

Although the manager used dependency tools to assess people's needs and staffing levels, we did not feel that everyone's needs were supported by this. For example, people who needed one to one support did not always get this. We observed agency staff who did not know people well were asked to support people with stress and distress. This could increase someone's stress and distress. It would be reassuring for people to be supported with stress and distress by someone they know.

A relative told us about feeling frustrated that things that had been requested were not put in place.

The service should ensure that interim plans are put in place when waiting on the outcome of a referral to an agency for someone. This is to ensure any potential risks are managed until further assessment or diagnosis is undertaken.

The management team should also ensure that staff dynamics are addressed and do not impact on people's needs or outcomes.

The requirement has not been met however due to some improvement the requirement will remain and has been extended to 3 January 2024.

Not met

Requirement 5

By 13 October 2023, the provider must ensure people have a personal plan which is up to date and regularly reviewed to meet their needs and wishes.

In order to achieve this the provider must:

- a). Ensure that documentation and records are accurate, sufficiently detailed, and organised and reflective of the care/support planned or provided.
- b). Plans are updated in a timely manner when a person's care and support needs change.
- c). Ensure the quality of people's care and support is evaluated and recorded where a person's care needs or risk level changes, for example, after an incident.
- d). Ensure that plans are developed, implemented, and documented for each person, in consultation with them and their friends/relatives/carers.
- e). Ensure that people's care is reviewed in line with regulatory requirements and people's views and wishes are actively sought on their care and support.
- f). All staff involved in planning and documenting care and support are provided with appropriate time and support for this.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that 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 requirement was made on 14 April 2023.

Action taken on previous requirement

People looked well and appeared comfortable within the home. Whilst this was positive, we were not confident that people had received a bath, shower, or oral care as often as they would like or need. For example, we observed that some toothbrushes were dry. Some people told us that they would like to have a bath or shower more often. This meant people's individual choices and preferences were not met.

People's personal care records were not consistently completed, therefore it was difficult to assess the frequency of baths or showers for some people. Information about people's needs which would guide staff was also incomplete, out of date or missing. We observed that personal support plans had not been updated following changes in people's health or incidents of stress and distress. This could lead to poor outcomes for

people's emotional and physical wellbeing as staff did not always have the information required to support people.

It was positive that the service was working alongside agencies to assess and support people's needs. For example, the service was recording and sharing information with relevant health professionals for people.

There was a six-monthly plan in place for people's care plan reviews and we observed that this was current and up to date. This ensured that people's needs were reviewed. The manager should ensure that all paperwork is updated following reviews. This would ensure staff have the correct information to support people. This would minimise the risk of people's needs not being known or met, particularly as the service is recruiting new staff and using agency staff who do not know people well.

There has been improvement and progress towards this requirement, however there are still issues which could impact on people. The requirement will remain and due to the improvement, it will be extended until 3 January 2024.

Not met

Requirement 6

The provider must demonstrate safer staff recruitment and selection procedures to safeguard people who use the service and meet legal requirements. In order to do this you must:

- a) Undertake a thorough audit of staff records to ensure that all staff working at Kirk Lodge Care Home have been safely recruited. Staff files must be improved to demonstrate clear evidence of this.
- b) Implement a clear policy in respect of the management responsibility for safer recruitment sign-off on behalf of the organisation.
- c) Ensure that information obtained in references is compared with the application form for accuracy.
- d) Demonstrate a robust system to follow-up references or PVG applications which are not satisfactory.
- e) Ensure that the results of checks which show previous convictions are explored with the applicant. Keep a record of any discussions regarding this.
- f) Provide training for staff involved in recruitment and selection to ensure practice is in line with policy.
- g) Ensure that all staff know the policy and procedure.
- h) Ensure that systems are audited regularly to improve practice.

This is in order to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

To be completed by: 30 August 2023.

This is to ensure that care and support is consistent with the Health & Social Care Standard (HSCS) which state that:

'I am confident that the people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24)

This requirement was made on 28 June 2023.

Action taken on previous requirement

There was an improvement in staffing files. These were well organised and filed appropriately and securely in the manager's office. We observed that safer staffing guidance had been followed and all relevant paperwork was in place.

The manager had a copy of the most recent Safer Staffing guidance.

This requirement has been met.

Met - outwith timescales

Requirement 7

The Provider must ensure that.

- a) All incidents which are detrimental to the health and welfare of service users are thoroughly investigated in a timely manner.
- b) Incident reports are completed in a timely manner and where applicable notification reports are sent to the Care Inspectorate.
- c) Give notice to the Care Inspectorate within 24 hours of an allegation of misconduct which warrants investigation, dismissal or other disciplinary action.

This is to ensure care and support is consistent with The Health and Social Care Standard (HSCS) which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20).

This requirement was made on 30 June 2023.

Action taken on previous requirement

There was an improvement in the completion of accident and incidents paperwork. Whilst this is positive, we identified some accidents and incidents which had not been recorded. We observed three incidents where the Care Inspectorate was not notified and one incident where an Adult Support and Protection referral should have been made.

The service did not act in a timely manner in relation to a fitness to practice issue. The provider was reminded of its responsibility in ensuring that any issues relating to staff fitness to practice and conduct are referred to the appropriate regulatory body.

This requirement has not been met, due to the improvement the requirement will remain and has been extended to 3rd January 2024.

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

To enhance people's mealtime experience, the provider should as a minimum:

- a). Ensure tables are set with cutlery and condiments prior to mealtimes.
- b). Ensure that people are provided with hand washing facilities prior to mealtimes.
- c). Ensure clothing protectors are available to people if required.

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

'I can enjoy unhurried snack and meal times in as relaxed atmosphere as possible' (HSCS 1.35); and

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This area for improvement was made on 14 April 2023.

This area for improvement was made on 14 April 2023.

Action taken since then

The mealtime experience had improved since the last inspection. We observed that tables were set close to mealtimes and that cutlery and condiments were available to people.

The mealtime experience was sociable and people were offered clothing protectors and support. A menu was visible on the wall for people and this was updated daily. This meant people knew what the choices available for meals were.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that people experience care in an environment that is safe and well maintained that meets good practice and any legislative requirements.

To do this, the provider should, at a minimum:

- a). Ensure that there are clear planned arrangements for regular monitoring of the premises and the equipment to ensure people are safe in the absence of a handyperson.
- b). Ensure all fire safety and health and safety checks are audited by management to ensure compliance.
- c). Ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in place and effective to ensure that the environment is clean and well maintained.

This is 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 area for improvement was made on 14 July 2023.

This area for improvement was made on 14 July 2023.

Action taken since then

The provider had employed a handy person for the home who was visible throughout the inspection and had good knowledge of his role and responsibilities. The maintenance information we considered was up to date and organised.

The fire service had recently undertaken an audit and the service was working through the identified actions from this.

The Health and Social Care Partnership had undertaken an Infection, Prevention and Control audit. The service was working on the identified actions from this.

We observed that several extractor fans were broken, and replacements were outstanding.

This area of improvement has not 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.

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