

Lydiafield Care Home

Care Home Service

Standalane
Annan
DG12 5JR

Telephone: 01461 203 261

Type of inspection:
Announced

Completed on:
21 October 2025

Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Service no:
CS2004073594

About the service

Lydiafield care home is registered to provide a care home service to 51 older people. The service provider is Mead Medical Service Limited.

Lydiafield care home is situated in a quiet residential area of Annan, Dumfries and Galloway. The service is close to the town centre and local amenities. The accommodation is provided within four self contained units or "households". All bedrooms are provided on a single basis with en-suite toilet, and wash hand basin. 41 rooms have a shower/wet room. Each unit has a living area, dining room and shared bathroom facilities.

The home is surrounded by established gardens which are well maintained. A courtyard garden is accessible from two of the units within the home. Visitors' parking is located at the front of the home.

There were 50 people using the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 20 and 21 October 2025 from 07:30 to 17:15. 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 15 people using the service who were able to give their opinion and three relatives.
- for people unable to express their views, we observed interactions with staff and how they spent their time.
- received 60 completed questionnaires (this includes all types)
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with three visiting professionals.

Key messages

- The staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- People's wellbeing benefitted from regular activity and social opportunities.
- Families reported being happy with the care and support their loved ones received.
- The home was clean and welcoming.
- The service had met six areas for improvement made at the previous inspection.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our setting? | 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People offered positive feedback about their experiences living at Lydiafield Care Home. There were repeated compliments around staff's kind and caring approach. For example, a person told us: "The staff are amazing. They go above and beyond what is expected, and nothing is too much trouble. They are unsung heroes". Another person explained: "Lydiafield is very active in the local community which gives us many opportunities to integrate and be socially active outside of the home".

These positive experiences were confirmed in our observations of staff within the home. There was clear rapport between people and staff, workers knew people's needs well, and demonstrated a warm, kind, and compassionate approach. This made people feel comfortable and reassured. A relative told us: "I can't speak highly enough of the care my mother gets. Always happy to let the care team take the lead with any changes as they are in the best interests of the residents".

Activities involved care staff but were led by an activity co-ordinator. People's preferences for activities were noted in their personal plans. People were provided with a weekly activity plan which included physical exercise classes, entertainment, arts and crafts and group trips out of the home. The home had worked on improving meaningful connections for people, purchasing a 'Snoezelen' and developed a sensory room. Family members volunteered to support regular sessions, and a befriending service also supported the home. Relationships between people experiencing care were developed because of well provided activities.

Medication systems and processes were in place and staff completed medication training. Pharmacy reviews were also part of the six-monthly review process. This supported the safe administration and management of medication within the home.

People were provided with a choice of home cooked meals. Menus varied and meals looked appetising. Individual diets and nutritional needs were catered for, and systems were in place to communicate special dietary requirements to the catering staff. The dining area and tables were decorated and set to promote a pleasant mealtime experience.

Every person supported by the service had a personal plan that detailed their needs and likes well. Plans were comprehensive, gave clear guidance to staff in how to meet people's needs, and were reviewed frequently to ensure they were accurate. Plans were also person-centred and there was evidence of people and relatives involved in writing their own plans, which was inclusive and gave people a sense of ownership.

Although health assessment and screening took place. We found gaps in some daily recordings, for example in fluid intake and personal care records. Elements were not in keeping with best practice and records could be improved further. (See area for improvement 1)

The support provided to people was very good to ensure that their health and wellbeing needs were met. The staff were vigilant in monitoring people's health and general wellbeing and promptly passed on any concerns so these could be discussed and acted upon. People had access to community healthcare and treatment from external healthcare professionals. Professionals said: "The care staff are very compassionate and are very good at keeping community nurses informed. Residents are very well supported, and carers act

as advocates for their residents." This meant people received responsive, timely care which supported their physical and mental health and wellbeing.

Areas for improvement

1. In order for people to benefit from care that is person centred and responsive, the provider should ensure record keeping standards are improved to accurately reflect the care and support delivered.

This is to ensure care and support is 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)

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The home was welcoming, clean, tidy, and well maintained. People had access to comfortable communal areas within the home. This included lounge and dining room areas, a sensory room and hairdressing salon. Corridors were spacious with natural light. Seats were positioned within the foyer and corridors which offered places for people to rest.

The furnishings and décor within the home were overall a good standard. The provider had identified areas that required upgrading and /or decorated due to wear and tear. The home had wayfinding signage which helped orientate people and make the home more dementia friendly.

People's bedrooms were personalised. Home furnishings and personal belongings decorated their rooms to their individual taste. All rooms have en-suite facilities, one unit (10 bedrooms) has en-suite toilets and wash hand basin with no showers. The remainder of the rooms all have en-suite bathrooms with a shower. There had been refurbishment of two communal bathrooms where an assisted bath and shower were available.

There were well-kept enclosed gardens for people to use. Several doors opened out onto the garden and people could freely access the garden space. A selection of seating areas were available which we observed people using to enjoy the outside space.

The Kings Fund Tool which is an environmental assessment tool had been completed. All areas identified to further improve the environment should be included within the service's Home Improvement Plan to ensure timescales are met and closely monitored. Examples included communal toilet refurbishment and better storage options. We asked the provider to assess the facilities in the home to meet current best practice guidance such as 'Care Homes for Adults - The Design Guide' (Care Inspectorate, 2002).

The provider had good systems in place to oversee the home environment. This included maintenance records for safety equipment and the ongoing monitoring and maintenance of the building. The documentation we reviewed was well presented and fully completed.

Arrangements were in place for external contractors to attend the home to service areas such as lifting equipment, water systems, and appliances in line with recommended guidance. The maintenance person

who completed the environmental and equipment checks also carried out some of the maintenance jobs identified. This maintained a safe environment and equipment and reduced risks to people living in the home.

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 support people's wellbeing and ensure they experience interventions that are safe and effective if receiving when required medicines, medication administration records chart should include:

- the reasons for giving when required medicine;
- how much has been given including if a variable dose has been prescribed;
- the time of administration for time sensitive medicines; and
- the outcome and whether the medicine was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

This area for improvement was made on 6 March 2024.

Action taken since then

Protocols were in place to guide staff, records were seen to evidence better recording of PRN medication which showed the reasons for giving required medication, the dosage, time of administration and the efficacy. We reminded the manager to ensure staff record the efficacy accurately after administration.

This area for improvement has been met.

Previous area for improvement 2

In order for people to benefit from care that is person centred and responsive, the provider should ensure record keeping standards are improved to accurately reflect the care and support delivered. This should include but not limited to:

- Outcomes for people are captured in daily recordings.
- Daily recording must improve reflecting the care given and the effect this has on people.
- Staff are aware of the importance of accurately completing care plans and related documentation, and their accountability in line with professional Codes of Practice.

This is to ensure care and support is 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 area for improvement was made on 6 March 2024.

Action taken since then

We discussed this with the manager who was aware some improvement is still needed in recording as some areas are still being missed. Staff had been involved in good practice discussions around this progress had been made. Staff were feeling more confident using the electronic care planning system and this improvement continued to be monitored.

This area for improvement had been partially met, we have made a new area for improvement under Key Question One – How well do we support people's health and wellbeing?

Previous area for improvement 3

In order to achieve comprehensive quality assurance and service improvement, the provider should ensure that all staff have the opportunity to be involved in and contribute to the self-evaluation of the service.

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 6 March 2024.

Action taken since then

Self-evaluation had been carried out by the service involving staff. Surveys had been completed to gather feedback and used to inform the overall service development plan.

This area for improvement has been met.

Previous area for improvement 4

To ensure people are meaningfully involved in improving the service the provider should establish an effective means of communicating the action taken in response to issues raised through consultation activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve. (HSCS 4.8)

This area for improvement was made on 6 March 2024.

Action taken since then

The service issued newsletters to residents and their families which shared events and news. There was a 'you said, we did' board displayed to show any actions taken in response to feedback gathered. We also saw minutes of regular relative meetings where discussions had been recorded. The home also offered a monthly coffee morning which was well attended by family members. Feedback was positive from families about feeling listened to and actions taken as a result.

This area for improvement has been met.

Previous area for improvement 5

To ensure people are supported by staff who are appropriately registered with the relevant professional body, the provider should maintain an accurate record of the registration status of all staff, including the date registration should be renewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 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 6 March 2024.

Action taken since then

Oversight of all staff registrations was in place. This recorded renewal dates and regular monitoring of all registrations.

This area for improvement has been met.

Previous area for improvement 6

So people who live in Cedarwood unit have a choice of bath or shower, the bathing facilities should be improved to be more accessible and safer for staff to provide assistance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support". (HSCS 5.1)

This area for improvement was made on 6 March 2024.

Action taken since then

A new bathroom with assisted bath and wet room shower had been installed in Cedarwood unit and in Burnside Unit. This gives greater choice to people and improved outcomes.

This area for improvement has been met.

Previous area for improvement 7

To ensure individuals and their families have confidence in the care provided, the care provider should offer reassurances by sharing information about the care and support of individuals. The care provider should ensure recording systems are implemented that will capture communication with families.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

All communication with families had been recorded within people's personal plans. People spoke positively of the communication with the home and had no concerns. We have reported on this further under Key Question One – How well do we support people's health and wellbeing?

This area for improvement has been met.

This area for improvement was made on 19 September 2024.

Action taken since then

All communication with families had been recorded within people's personal plans. People spoke positively of the communication with the home and had no concerns. We have reported on this further under Key Question One – How well do we support people's health and wellbeing?

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

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| How well do we support people's wellbeing? | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 5 - Very Good |
| How good is our setting? | 4 - Good |
| 4.1 People experience high quality facilities | 4 - Good |

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