Lynn of Lorne Care Home
Care Home Service

Benderloch
Oban
PA37 1QW

Telephone: 01631 720278

Type of inspection: Unannounced
Inspection completed on: 9 June 2017

Service provided by:
McKenzie Care Homes Ltd

Service provider number:
SP2011011754

Care service number:
CS2011305842

About the service

Lynn of Lorne is a registered care home. The provider is McKenzie Care Homes Ltd.

The home is situated in the village of Benderloch near Oban. The service was registered on 3 April 2012 to provide 24 hour care to 62 older people. Four places were available for short breaks or respite care.

The building is divided into four care units, two on each floor. Access to the first floor is by lift or stairs. Each unit has a lounge/dining area. All bedrooms are single rooms with en-suite toilet. Bathroom and shower facilities were available on each floor but one shower room was out-of-order and problems persist with water pressure affecting use of these facilities.

The home has car parking and gardens with seated areas.

The service's philosophy states; "to provide care and support for you, consistent with your care needs, whilst supporting you to live as independently as possible."

What people told us

Comments about the service were generally positive and included:

"I visit regularly and often without notice. I have always found my father clean and shaven. All members of staff I have spoken to have shown an interest in my father and his needs and wants and respects his views. I have noticed new developments in the home such as creation of an old fashioned tea room which I think is a great idea. I am very happy with my father's care. They made me welcome and involved me in my father's care".

"There is not enough staff but the staff that are on are very good. Sometimes the lounge is left unsupervised when two staff have to support a resident. Clothing can be a bit of a problem as they lose things".

"The noise at night can be distracting. On the whole the staff are lovely".

"Everything is fine, no complaints. The staff are lovely".

Self assessment

The provider does not require to submit a self assessment this inspection year.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

We found that staff were working with two different formats of the care plan and as a result it was difficult for staff to source the information they needed for individual residents. This meant that staff were sometimes unclear about what people's care and support needs were.

People who had dementia were not routinely having pain assessments carried out. Residents who display distressed and anxious behaviour should have a pain assessment carried out to help manage their distress. See Requirement 1 under this theme.

Most of the residents were maintaining their weight and people with special dietary needs were receiving their correct diet. This was as a result of systems being in place to recognise weight loss and appropriate actions being taken when required. We noted that staff had worked hard to improve residents' meal time experience.

We noted that there were regular medication audits taking place and this included monitoring prescriptions. However at the time of the inspection there had been recent medication errors which questioned how effective the medication audits have been. We were not confident that medication was being managed and administered safely. See Recommendation 1.

The incidents of people experiencing falls had reduced; we observed good practice in falls risk management during the inspection.

There were measures in place to prevent the spread of infection. This meant that residents were better protected from infections.

The provision of meaningful activities had improved. The activity worker was developing activity support plans for residents which identified activities which were meaningful to them.

Requirements

Number of requirements: 1

1. The service provider must ensure appropriate action is taken in the event of service users with dementia exhibiting pain of unknown cause. This must include:

- carrying out an assessment in order to determine the cause
- recording changes to demeanour and actions taken
- use of incident records and escalation of reporting
- consider other methods of relieving pain and providing comfort.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Welfare of users.
Timescale: by 30 September 2017.

Recommendations

Number of recommendations: 1

1. The provider should review their procedures for administering medication and reflect on any medication errors to ensure practice improves in this area.

National Care Standards for care homes for older people, Standard 15.6 - Keeping Well - Medication.

Grade: 2 - weak

Quality of environment

Findings from the inspection

The manager told us that a new arrangement had been made with the Health and social care partnership that would enable the home to have better access to new equipment, for example hoists and stand aids. This helped people to maintain their mobility and independence.

Works was on-going to improve the availability of office space.

There were plans in place to refurbish and extend the enclosed garden which included resurfacing paths and raising flower beds. This should ensure that residents have better access to space outside the home and take part in gardening. Residents and relatives had been involved in discussions in this planned work.

Some redecoration of the environment had taken place; residents told us that they liked the new décor. The manager had an environmental improvement plan which included replacing some floor coverings in the corridors and making the environment more dementia friendly. We noted that there were pictures of the local area and buildings that were familiar to residents. Lounges were attractively decorated and looked homely.

Relatives, residents and staff had been involved in creating a café style tea room on the first floor. Residents and visitors had access to tea and coffee making facilities and home baking. The tea room was an additional space for residents to meet their visitors. Feedback about the tea room was very positive and staff continued to work to decorate and furnish it.

We continued to be concerned about the hot water supply and this has been raised over a number of previous inspections. Staff reported that the baths and showers are rarely used because there was insufficient hot water during the day particularly in the morning and evening. This meant that residents could not get a shower or bath when they wanted or indeed needed one. This leaves residents more susceptible to skin problems and infections and does not promote the dignity of the residents.

The problem with the hot water supply impacted negatively on the availability of clean clothing and bedding for residents. For example staff and relatives told us that duvet covers were being used as bottom sheets. See Requirement 1 under this theme.

We looked at the bathroom facilities and noted that most of the bathrooms were used for storage of wheelchairs, laundry baskets and some continence aids. This provided further evidence that the bathrooms were rarely used. See Requirement 1 under this theme.

One shower on the first floor had been replaced but required a new base as we noted mould on the shower wall. The water pressure in the shower in Rowan unit was weak and lukewarm and not fit for purpose.

Requirements

Number of requirements: 1

1. The service provider must ensure that the premises is fit for purpose. In order to achieve this the provider must:

(a) improve the availability of hot water in order that service users are able to access a bath or shower at any time

(b) improve bathrooms and shower rooms to ensure they are well maintained and accessible

(c) ensure there is adequate provision for residents laundry.

This is in order to comply with SSI 2011/ 210 Regulation 10(2)(a)(b)(d) Fitness of Premises.

Timescale: by 30 September 2017.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

We observed staff to be kind, caring and hard working. A staff training plan was in place.

Staff were undertaking caring for people with dementia training, and recently had their moving and assisting refreshed including falls prevention training. This meant that staff were better equipped to meet people's needs, including those people living with dementia. Newly recruited staff had a lot of support so they were able and confident to meet people's needs.

However staff told us that much of the training provided was carried out on-line, and they told us it was of limited value to them. Staff also said that accessing on-line training while at work was difficult.

The service's recruitment practices followed recognised safer recruitment procedures which maximised the chances that they were only employing people suitable to work with vulnerable adults by rejecting those who are not.

While most care staff were appropriately registered with professional bodies we noted one member of staff was not. This highlights a gap in the quality assurance procedures relating to staffing. See Recommendation 1.

In early morning and early evening we observed the available numbers of staff to be over stretched to provide the required support to residents when they needed it. For example there were significant delays in staff responding to the nurse call system.

We observed on regular occasions there were periods during the day and particularly late evening when residents were left alone in the lounges without any staff in attendance. We saw residents becoming distressed and agitated with each other which could have resulted in their harm. We also saw residents trying to summon assistance unsuccessfully. We observed some people who had been assessed as being at high risk of falling, trying to get up from their arm chairs unsupervised due to the absence of staff.

We found that the majority of residents required one or two staff to assist them to move. There were also residents who exhibited distressed behaviour which required significant support from the available staff.

We had concerns of the high number of agency staff providing support during the night. On an evening visit we noted that of the six staff on duty we found that there were four agency staff on shift. We acknowledge that some of the agency staff were familiar with the service however some were not which meant residents were being cared for by staff who they did not know and who did not know them. This can cause anxiety to residents. See Requirement 1.

Requirements

Number of requirements: 1

1. The provider must ensure staffing levels, staff skills and abilities are at all times appropriate to meet the health and welfare of people who use the service.

In order to achieve this the provider must:

- ensure that care staffing levels are deployed on each shift to fully meet the needs of service users; where increased support is required, for example if a service user is ill or requires end of life care there should be appropriate staffing levels to provide this.

- review staff deployment for service users in relation to the layout of the building over a 24 hour basis, ensuring that supervision of service users is provided in lounges and that service users can retire to bed when they wish.

This is to meet the following requirement:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: Regulation 15(a)(b) - to make proper provision of sufficient staff.

Timescale: by 30 September 2017.

Recommendations

Number of recommendations: 1

1. The provider must review their procedures for ensuring that all staff are registered appropriately for their role in the service. In order to achieve this the provider must:

- put in place a system to regularly check professional registers

- ensure staff are aware of their personal responsibility for their registrations.

National Care Standards for care homes for older people, Standard 5.5 Management and Staffing Arrangements.

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

Since our last inspection support for the manager from the service provider had shown some improvement. A new depute manager and unit manager had recently been recruited. The provider was actively recruiting for more permanent staff. The service manager was receiving support from an external manager on a weekly basis. There was a service improvement plan and recent developments included the nutrition group and a new tea room.

The external manager visited the service on a weekly basis and had assisted the manager to develop quality assurance tools to help audit the standards and quality of the service. At this stage however; while a quality assurance system has been put in place there was limited evidence to show that it was effective. For example the way that incidents were being managed needed to be improved including errors with medication.

There was a need to clarify and develop the leadership function in the service and to determine lines of accountability. This would provide the care staff with more effective support and leadership. Some staff we spoke with told us they felt unsupported and did not feel valued. See recommendation one under this theme.

Staff told us that the communication and support from management could be improved and that over recent months there had been a high turnover of staff. This meant there was frequent use of agency staff which was affecting the consistency and continuity of care being provided to residents. See Requirement one under this theme.

Requirements

Number of requirements: 1

1. The service provider should ensure that there are systems in place that promotes consistency and continuity in the way the service is provided.

In order to do this the provider must:

- take measures to reduce the number of different staff providing care and support to residents
- ensure that new staff are introduced to residents and made familiar with their care and support needs.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 3 Principles.

Timescale: by 30 September 2017.

Recommendations

Number of recommendations: 1

1. The service provider should review management structure both externally and internally to the service. This should include a review of roles and responsibilities, staffing structure and quality assurance systems.

National Care Standards for care homes for older people, Standard 5 Management and Staffing Arrangements.

Grade: 2 - weak

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

Previous requirements

Requirement 1

The service provider must ensure appropriate action is taken in the event of service users with dementia exhibiting pain of unknown cause. This must include:

- carrying out an assessment in order to determine the cause
- recording changes to demeanour and actions taken
- use of incident records and escalation of reporting
- consider other methods of relieving pain and providing comfort.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Welfare of users.

Timescale: by 31 January 2017.

This requirement was made on 26 January 2017.

Action taken on previous requirement

Pain assessment charts and behavioural observation charts had been introduced, however we found that many residents assessments were incomplete. Residents with dementia did not routinely have a pain assessment undertaken as part of the assessments to manage distressed behaviour. This requirement remains unmet and we will review the progress at the next inspection.

Not met

Requirement 2

The service provider must ensure personal plans of service users are reviewed every six months using a process which involves the service user and/or their representative.

This is in order to comply with SSI 2011/ 210 Regulation 5(2)(b) Personal Plans.

Timescale: by 31 March 2017.

This requirement was made on 26 January 2017.

Action taken on previous requirement

We found that residents' six monthly reviews were taking place more frequently, however some residents' care had not been reviewed for almost a year. The manager told us that she had developed a review matrix to alert staff when a review was due and had been working with care managers to improve the frequency of reviews.

This requirement is met.

Met - outwith timescales

Requirement 3

The service provider must improve the availability of hot water in order to be able to run a bath or shower at any time this is needed.

This is in order to comply with SSI 2011/ 210 Regulation 10(2)(a)(b)(d) Fitness of Premises.

Timescale: by 31 January 2017.

This requirement was made on 26 January 2017.

Action taken on previous requirement

We found that frequently there was only one shower working and available on the first floor. The baths were infrequently used due to the availability of hot water. The manager told us that several contractors had been called out to try to improve the availability of hot water and additional pumps had been installed. However the problem with the hot water supply persists and further steps should be taken to resolve this issue.

Not met

Requirement 4

The service provider must improve bathrooms and shower rooms to ensure they are well maintained and homely.

This is in order to comply with SSI 2011/210 Regulation 10(2)(a)(b)(d) Fitness of Premises.

Timescale: by 31 March 2017.

This requirement was made on 26 January 2017.

Action taken on previous requirement

We found that there had been some attempts to improve the décor in the bathrooms, however they were mostly unused because of the hot water difficulties. We found that most of the bathrooms were used for storage. We will merge this requirement with the outstanding requirement regarding the hot water supply.

Not met

Requirement 5

The service provider must ensure essential health and safety checks are carried out and action plans produced to rectify any issues identified. This must include:

- risk assessments for free standing heaters
- a review of wall fixed heaters to ensure safe use and a replacement plan.

This is in order to comply with SSI 2011/210 Regulation 10(2)(a)(b)(c)(d) Fitness of Premises.

Timescale: by 28 February 2017.

This requirement was made on 26 January 2017.

Action taken on previous requirement

The free standing heaters had been fixed to the walls and some covers had been installed. Risk assessments and maintenance records were in place but could be used more effectively to evidence actions taken. The fire risk assessment required to be dated.

Met - outwith timescales

Requirement 6

The service provider must comply with the staffing schedule set by the Care Inspectorate which is a condition of registration.

This is in order to comply with SSI 2011/210 Regulation 15(a) and Condition 2 of the registration certificate.

Timescale: by 31 January 2017.

This requirement was made on 26 January 2017.

Action taken on previous requirement

The manager stated that the staffing schedule was being adhered to and due to the reduction in occupancy staffing had been reduced to reflect this. The service deploys agency staff on a daily basis to cover staff vacancies. Staff reported that at times they were short staffed particularly at weekends and when staff called in sick. This requirement has been met however there are aspects around consistency which cause concern so we have made a requirement around this under theme three.

Met - outwith timescales

Requirement 7

The service provider must ensure nursing and care staff are registered appropriately for the role they perform.

This is in order to comply with SSI 2011/210 Regulation 9(2)(c) Fitness of employees.

Timescale: by 31 January 2017.

This requirement was made on 26 January 2017.

Action taken on previous requirement

We looked at nursing and social care staff's professional registers and noted that a care worker had been employed at the home for a number of years and had yet to register with the SSSC. Other staff were appropriately registered so the provider needs to review their procedures around ensuring checking staff have registered and maintained their registrations. We have made a recommendation around this under theme three in this report.

Not met

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

Previous recommendations

Recommendation 1

The service provider should improve the organisation and support provided to service users at mealtimes. This should involve:

- an improved mealtime plan should be prepared for each unit to set out the type of diet, special instructions and support needed by each service user and the appropriate allocation of staff made to provide either one-to-one or group support. The mealtime should be staggered so that appropriate supports can be provided depending on the number of staff available.

- if a service user is at risk of choking a swallowing risk assessment should be put in place to highlight this risk and consider levels of supervision and support required.

- the service should consider the use of a nutrition champion to support food fortification for service users losing weight and to lead and support staff in following best practice.

- regular audits of mealtimes should be carried out to identify learning points and to ensure the best support and experience possible.

National Care Standards for care homes for older people, Standard 13.9 Eating Well.

This recommendation was made on 26 January 2017.

Action taken on previous recommendation

Staff and management had developed and implemented nutritional assessments and choking risk assessments. Care plans contained information on residents' food preference, dietary requirements including textured diets. However some diet preferences were incomplete within care plans. We found that residents who were at risk from weight loss had their weight checked on a regular basis. When required advice was sought from the dietician. We observed lunch and the evening meal and found that staff took their time assisting residents to eat and the atmosphere was calm and relaxed.

Meal times were audited on a regular basis and the manager had developed a nutrition and dining experience working group.

This recommendation has been met.

Recommendation 2

The service provider should ensure medication records and practices improve as follows:

- review the use of photo front sheets to ensure these are securely put together and clearly record any special instructions such as allergies, swallow changes or covert medications.

- review any service user who has covert medication to ensure there are written instructions available from the pharmacist for each medication to be disguised and it is clear what the agreed method of disguise is. The number of medications for disguise should be clearly identified on the medication administration record for staff to see easily. Covert medications should be reviewed regularly and the practice kept to an absolute minimum.

- an agreement should be made as to the use of homely remedies.

- valuable items must not be stored in the controlled drug cupboard. These should be removed and stored appropriately in the office safe or returned to families.

- the tracking of medication using the quantity in and number count down should be checked regularly for any inaccuracy.

National Care Standards for care homes for older people, Standard 15.6, 15.9, 15.11 - Keeping Well - Medication.

This recommendation was made on 26 January 2017.

Action taken on previous recommendation

We looked at the medication administration records (MAR) and found that the front sheet contained the photograph of the resident with the date. Instructions about how to administer medication and details of allergies and any covert administration was included on the front sheet of the MAR. Protocols giving advice about when to administer medication to alter mood could be further developed.

We found that there were very few residents who were administered their medication covertly and guidance had been sought from the pharmacist and GP.

Valuables were not stored in the controlled drug cupboards. Regular medication audits were taking place.

Agreement on holding household remedies had yet to be reached. We noted that there had been a number of medication errors reported in the last month.

Information about when medication was withheld was recorded inconsistently in some MARs.

This recommendation has been partially met and we will review the progress at the next inspection.

Recommendation 3

The environment should be audited and plans put in place to address:

- maintenance issues
- furnishings which need replacement
- improvements to ensure a more "dementia friendly" environment.

National Care Standards for care homes for older people, Standard 4 - Your Environment.

This recommendation was made on 26 January 2017.

Action taken on previous recommendation

The manager had developed and implemented a redecoration refurbishment plan. Lounges and corridors had been redecorated. The Kings Fund environmental audit had taken place and the manager was developing an action plan. Maintenance was being carried out, we advised the manager that maintenance records could be better organised and more details of actions taken when faults were found. This recommendation was met.

Recommendation 4

The service provider should review staff roles (nurses, senior care assistants and care assistants) to ensure there is clear clinical and shift leadership and support for best practice to be developed.

National Care Standards for care homes for older people, Standard 5.4 Management and Staffing Arrangements.

This recommendation was made on 26 January 2017.

Action taken on previous recommendation

At the time of the inspection the manager was looking at staff roles and identified care staff that would be potential senior and shift leaders. Some staff supervisions were taking place. The frequent use of agency nurses and care staff was impeding the progress to meet this recommendation.

This recommendation is not met and will be reviewed at the next inspection.

Recommendation 5

The service provider should introduce appropriate supervision and appraisal systems that help to support staff in the roles they are being asked to perform. This should also help to drive improvement by considering leadership and additional responsibilities such as "champion" roles. For example, in nutrition, falls and dementia care.

National Care Standards for care homes for older people, Standard 5.3 Management and Staffing Arrangements.

This recommendation was made on 26 January 2017.

Action taken on previous recommendation

We found that some supervisions were taking place, however some staff had not been supervised since last year. The manager had developed a new supervision pro forma and hoped to have all staff supervised by the end of the summer. We found that there was a falls champion and nutrition champion in place and the manager was a dementia champion. The manager told us she hoped to identify more staff to undertake champion roles.

Recommendation 6

The service provider should look at ways to ensure staff cover is always maintained by:

- encourage staff to provide as much notice as possible of any staff absence
- remind staff of their codes of practice and responsibilities to adhere to these
- ensure whenever a call off call is taken a clear protocol is available for staff to follow
- records should be kept on a daily basis of actions taken.

National Care Standards for care homes for older people, Standard 5.7 Management and Staffing Arrangements.

This recommendation was made on 26 January 2017.

Action taken on previous recommendation

The manager had developed and implemented a written protocol for reporting staff absence which included notice when to call in sick and a record of the daily absence. We found that there continued to be some staff absence particularly at the weekend and there were difficulties in arranging agency staff at short notice. We noted that there was a clear managing absence policy and procedure in place.

This recommendation has been met but we will monitor staff absence and the use of agency staff at the next inspection.

Recommendation 7

The service provider should review management structure both externally and internally to the service. This should include a review of roles and responsibilities, staffing structure and quality assurance systems.

National Care Standards for care homes for older people, Standard 5 Management and Staffing Arrangements.

This recommendation was made on 26 January 2017.

Action taken on previous recommendation

A new depute and unit manager had been recruited and there was an advertisement for a second unit manager. We found that much of the depute and unit managers' time was spent working on the floor to cover for the nurse vacancies which gave them little time to develop and improve the quality of the service. New audit systems had been implemented to help quality assure the service and we noted that these could be further developed to measure outcomes and improvements.

This recommendation is partially met and we will review progress at the next inspection.

Recommendation 8

The service provider should use an overall service improvement plan to track and show progress in response to actions to be taken. Actions will result from regulatory reports, internal audit and results of investigations such as complaints, accidents or incidents.

National Care Standards for care homes for older people, Standard 5 Management and Staffing Arrangements.

This recommendation was made on 26 January 2017.

Action taken on previous recommendation

The manager had developed an improvement plan and had updated it in May 2017. We found that accident and incidents were being recorded and actioned. We advised the manager that operational issues should be recorded separately from the accident and incident logs to avoid confusion and assist management decision making.

This recommendation is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
15 Dec 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 2 - Weak 2 - Weak
29 Aug 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
8 Dec 2015	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
14 Jul 2015	Unannounced	Care and support Environment	3 - Adequate 4 - Good

Date	Type	Gradings	
		Staffing Management and leadership	3 - Adequate 3 - Adequate
31 Oct 2014	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 3 - Adequate 2 - Weak
22 May 2014	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 2 - Weak
16 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
17 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate Not assessed Not assessed
4 Feb 2013	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed 2 - Weak 3 - Adequate Not assessed
19 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 2 - Weak Not assessed 3 - Adequate

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