

Lomond View Care Home Care Home Service

Lomond View Care Home
Falkland
Cupar
KY15 7AR

Telephone: 01337 857 521

Type of inspection:
Unannounced

Completed on:
21 February 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000108

About the service

Lomond View Care Home is a well established care home for people over the age of 65, situated in the residential area of Falkland, Fife. It is close to local transport links, shops and community services. Each floor has its own communal sitting and dining areas and a passenger lift. Bedrooms are all ample size and have ensuite toilet and shower facilities. The home benefits from well kept, landscaped surrounding garden areas with garden seating available for residents' use. There are car parking facilities at the front of the home.

Lomond View Care Home was re-registered with the Care Inspectorate on 17 April 2023 to provide 24 hour care and support for up to 50 people. The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced follow up inspection which took place on 20 February 2024.

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 8 staff and management
- spoke with 3 people living in the service
- reviewed training records
- observed staff practice
- reviewed medication administration/audit systems
- reviewed quality assurance systems
- looked at activities provision
- reviewed support plans.

Key messages

- We saw some very kind interactions between staff and the people they care for and support.
- We saw people's mealtime experiences had improved.
- People were being consulted with more about service delivery and their environment.
- People's care plans still did not always contain enough accurate information to enable thorough evaluation and plan future care.
- People still needed to be supported more, to spend their days in ways that were meaningful to them.
- Assessment and monitoring of people's nutritional needs still needed to be improved and more consistent.
- Staff learning, development and support still required improvement.
- Quality assurance systems still needed to be implemented better to drive improvement.

How well do we support people's wellbeing?

A requirement was made at the previous inspection relating to leadership and management. Although progress was being made, the service required more time to make the necessary improvements (see 'what the service has done to meet any requirements we made at or since the last inspection'). However, during this inspection, we also identified the need for improvements to be made to medication management.

We were very concerned to find that medication was not always stored securely. We found one medication room to be open and unattended. Large quantities of medications were on worktops, in open boxes and cupboards. This put people at risk of harm.

At least one person was prescribed two medications to alleviate stress or distress. There was not enough information in place to inform staff practice as only one of the medications had a protocol in place for administration. It is important that protocols specify when to give each medication where more than one is prescribed. This is to ensure that people are getting the best treatment for them at the right time.

A requirement (1) is made regarding medication management.

Requirements

1. By 19 April 2024, the provider must protect the health and welfare of those who use the service. In particular, you must ensure people experience safe, competent and effective support with medication. In order to achieve this, you must:

- a) ensure that medication is held securely at all times
- b) ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis'.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4(2)(b) (welfare of users) and 9, (2)(b) (fitness of employees) 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 experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

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

Requirements

Requirement 1

By 22 September 2023, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must, at a minimum:

- a) ensure proper provision for the consistent and accurate assessment and monitoring of people's nutritional needs
- b) ensure proper provision for appropriate and timely referrals to other healthcare professionals
- c) ensure staff awareness, skills and knowledge of people's nutritional needs and how these needs should be met
- d) ensure accurate and consistent recording of people's food intake where appropriate and required.

This is to comply with Regulation 4(1)(a), (b) and Regulation 4(2) 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 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 20 June 2023.

Action taken on previous requirement

This requirement was made as a result of a previous inspection in June 2023. It was made because people's weights were being monitored, but not always at the frequency that had been recommended. The tool used to assess and risk manage weight was not always being used correctly. During the follow-up inspection in September 2023, we saw the management had an overview of people who required to have their weight checked monthly and, where appropriate, referrals had been made to other health professionals for additional support.

However, there was no consistent managerial oversight of people who required to have their weight checked weekly. This meant there were missed opportunities to recognise the need for additional care planning.

We saw some food and fluid monitoring tools had been completed poorly, with no daily targets and sometimes with no dates. This meant there was insufficient information to alert staff that further action was required to increase people's intake, or make referrals to other health professionals, for example, the dietician.

We found no evidence of nutrition training being undertaken to support staff in making the necessary improvements since this requirement was made.

This requirement was not met and remained in place with an extended timescale of 15 December 2023.

During this inspection we saw monitoring records demonstrated good practice of recording what people were offered, what they ate, and the amount eaten in the daytime. However, there was consistently no records of anything eaten after their evening meal. It is important to record all intake and we would have expected to see supper, and anything eaten throughout the night recorded. We saw some people had been assessed as requiring to be weighed weekly for closer monitoring and this was not always being carried out. This meant there were still missed opportunities to recognise the need for additional care planning.

Fluid charts continued to be completed poorly, with inconsistent recording of daily targets and total intake. This meant effective evaluation of people's fluid intake needs couldn't be carried out. These things were not being picked up during the quality assurance processes, therefore no action was being taken to address concerns.

Whilst there was some evidence of nutrition training being undertaken, there was no managerial overview of who had/still had to receive it. This meant we couldn't be confident that all staff had the skills and knowledge to meet people's nutritional needs.

This requirement was not met and remained in place with an extended timescale of 19 April 2024.

Not met

Requirement 2

By 22 September 2023 the provider must ensure that service users receive care that meets their health, safety and wellbeing needs and protects them from harm. To do this, the provider must, at a minimum, ensure that:

- a) staff understand their responsibilities in seeking medical advice or emergency assistance following a fall and adhere to this at all times
- b) staff undertake a period of 72-hour post fall monitoring in line with their own procedure and maintain accurate records of this
- c) staff review falls risk assessments following significant incidents or accidents and maintain accurate records of this and any changes to safeguarding measures.

This is in order to comply with regulation 4(1)(a) 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 states that: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

This requirement was made on 20 June 2023.

Action taken on previous requirement

This requirement was made as a result of a previous inspection in June 2023. It was made because post falls monitoring tools were often incomplete or missing and, where risks were identified, appropriate action was not always taken to mitigate the risk. This meant people could be at higher risk of falling again. During the follow up inspection in September 2023, we learned eight staff had undertaken falls management training with the organisation's learning and practice development team. The training was followed by reflective accounts. However, these were self-reflection accounts and not signed off by anyone. This meant management could not be assured people had fully understood the training or competent at putting what they had learned into practice.

We saw inconsistencies in the completion of accident/incident reports. Some were completed comprehensively but not completed after every fall. We saw good examples of post-falls monitoring but again, this didn't happen after every fall. This meant for some people, they were not offered pain relief, had their mobility re-assessed, or had measures put in place to reduce the risk of further falls.

Although we saw some improvements since the last inspection, it was evident that training required to be delivered to all staff and management needed to improve quality assurance systems to verify staff's competency and ensure consistent practice.

This requirement was not met and remained in place with an extended timescale of 15 December 2023.

During this inspection we saw staff were seeking medical advice for people following a fall when appropriate. We saw some examples of post falls monitoring being carried out and action taken to address concerns if required. However, this was inconsistent and the medical advice was not always followed. For example, in one instance the advice was to closely monitor the person, and we saw no evidence of this happening. No post-falls monitoring tool had been put in place to record any changes in the person's presentation. This meant there was no evaluation or consideration given to the possibility of further intervention being required.

The recent falls audit tool carried out by senior management identified the need to improve the multifactorial falls risk screen (MFRS) risk assessment reviews following falls. The follow-up audit stated this remained a concern. This meant opportunities were being missed to identify ways of reducing the risk of future falls.

This requirement was not met and remained in place with an extended timescale of 19 April 2024.

Not met

Requirement 3

By 22 September 2023, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing needs of people receiving care are met, and they experience positive outcomes.

This must include, but is not limited to:

- a) ensuring appropriate and effective leadership of the service
- b) implementing accurate and up-to-date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay
- c) ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes
- d) ensuring the current environmental improvement plan is adhered to, to improve the standard of living conditions for people receiving care and enhance their well-being.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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 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 20 June 2023.

Action taken on previous requirement

This requirement was made as a result of a previous inspection in June 2023. It was made because key areas of risk, including incidents and accidents, and in particular falls, were not analysed to identify trends or patterns. During the follow up inspection in September 2023, it was evident that further improvements were required to ensure there is managerial oversight of key areas of risk including falls, pain management, nutrition, staff training and care planning, and this results in improved standards and outcomes for people.

This requirement was not met and remained in place with an extended timescale of 15 December 2023.

During this inspection we saw some improvement in areas such as training and the environment. The environmental action plan in place as a condition of the re-registration had been completed. People were being consulted more about changes in service delivery, and a new tearoom had been developed for the use people living in the home and their visitors.

However, the improvements made were not enough to meet the outstanding requirements and ensure improved outcomes for people, therefore they remain outstanding. In addition, a new requirement has been made relating to medication management (please see the 'how well do we support people's wellbeing' section of this report). This meant we couldn't be confident that the quality assurance systems in place were effective.

This requirement was not met and remained in place with an extended timescale of 19 April 2024.

Not met

Requirement 4

By 22 September 2023, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to them that could affect their health and wellbeing
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans include information on all important care needs and health conditions
- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

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 that care and support is consistent with 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); and '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 20 June 2023.

Action taken on previous requirement

This requirement was made as a result of a previous inspection in June 2023. It was made because care plan reviews lacked effective evaluation. Therefore, necessary changes to the care people required were not made. We were not confident that people's needs were accurately assessed or reviewed. In some cases, people who commenced the service in the recent months had insufficient information in their care plans to inform staff of how best to meet their needs.

During the follow up inspection in September 2023, we saw that personal plans were being transferred over to Holmes Care Group care planning systems. Staff were being supported to do this by management, and the organisation's quality team. Some risk assessments were in place and, as mentioned previously, there were some good care plans in place, for example, in relation to some people's falls management and nutritional needs. However, it was recognised by the management that in many cases, care plans lacked enough information to inform staff of how to best meet people's needs. For example, one person had been prescribed antibiotics, and another had been identified as having a poor appetite and general deterioration in health. Neither had been taken into account during the care plan evaluation. More work was needed to ensure there was always an effective evaluation of people's needs in order to plan good care.

This requirement was not met and remained in place with an extended timescale of 15 December 2023.

During this inspection we saw care plans included information about people's care needs and health conditions. However, we found that care documentation continued to lack evidence of people always being supported well. This included ensuring that they were receiving food and fluids following the guidelines in their plans. The care plans did not always support the care and support people received.

For example, when people were assessed as requiring to be weighed weekly, or monitored after a fall, this was not always done. This meant evaluations and future care planning could not be carried out effectively.

We were concerned that whilst there was management oversight of food and fluid charts, deficits in their completion were not being identified. Therefore, not supporting improved outcomes for people.

This requirement was not met and remained in place with an extended timescale of 19 April 2024.

Not met

Requirement 5

By 22 September 2023, the provider must ensure that service users receive care that meets their health and wellbeing needs. Pain management processes must be improved. To do this, the provider must, at a minimum:

- a) ensure all staff understand their responsibilities in recognising, reporting, and acting upon any signs, symptoms, or expressions of pain in line with their role and professional codes of conduct
- b) ensure staff understand, and can demonstrate in practice, their role in effectively assessing pain using recognised pain assessment tools
- c) ensure that medication management systems are effective in assuring prescribed medication is in stock, and available for use.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 17 July 2023.

Action taken on previous requirement

This requirement was made as a result of an upheld complaint. It was made because people experiencing care, and their representatives, should expect any signs, symptoms, or expressions of pain to be acted upon appropriately. We are not satisfied that people's pain was always recognised, or acted upon, by staff.

During the follow up inspection in September 2023, we learned staff had received pain recognition and management booklets to complete. The learning was followed by reflective accounts. However, these were self-reflection accounts and not signed off by, or discussed with management. This meant management could not be assured people had fully understood the training or were competent at putting what they had learned into practice. We saw how one person had suffered a fall, was already prescribed pain relief, but not offered any, despite sustaining injury. We also saw good examples of staff recognising people in pain and taking appropriate action to help alleviate it.

People told us during that inspection that they had to speak to management on more than one occasion regarding their loved one's medication running out of stock. We checked medication ordering and stock systems and found these situations to be minimal. However, these cases related to regular prescriptions which were noticed quickly by staff and obtained the same day. 'As required' medication for example, pain relief medication would be more difficult to access out of hours; potentially resulting in people being in pain unnecessarily.

Although we saw some improvements since the last inspection, it was evident that further training required to be delivered to all staff and management needed to improve quality assurance systems to verify staff's competency and ensure consistent practice.

This requirement was not met and remained in place with an extended timescale of 15 December 2023.

During this inspection we saw more training had been delivered to groups of staff on pain recognition and management. Reflective accounts had taken place within the groups to discuss their learning, which were signed off by a manager. However, management could not be confident that all staff had the skills and knowledge to effectively assess people's pain, as there was no overview of how many staff had completed the training or reflective accounts. We also saw no evidence of consideration being given to pain relief for some people after sustaining an injury; for example, following a fall. We were not confident people were always having their needs met in relation to pain management.

We examined medication records of people who experience pain. These showed that people were supported to take regular and 'as required' pain medication. However, we were concerned to find that medication protocols were not in place for all 'as required' medication. There was a lack of guidance for staff in the use of some as required pain relieving medications, and some people were prescribed more than one medication for pain. This meant there was a risk of people not getting the best treatment for them at the right time. Also, there was no evidence in care, or medication records, that any evaluation of the effectiveness of pain relief given, had been carried out. This is essential to ensure that people remain as pain free as possible.

This requirement was not met and remained in place with an extended timescale of 19 April 2014.

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 support the health, welfare and safety of people who use the service, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. The provider should also consider people's use of outdoor space in a way that promotes independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 20 June 2023.

Action taken since then

This area for improvement was made as a result of a previous inspection in June 2023. It was made because there were limited opportunities for many people to engage in meaningful activity throughout the day. During the follow up inspection in September 2023, we saw improvements and the activities on offer were more meaningful to people. However, the service was having difficulty recruiting a second activities coordinator and it was clear that the available resources were insufficient to offer people consistent meaningful interaction and activity. We saw that support staff did not have enough time to offer this; staff we spoke with verified this.

This area for improvement was not met and remained in place.

During this inspection we saw how the new activities coordinator had been getting to know people, their interests, and abilities. This meant they were being offered activities meaningful to them. However, the service had still not managed to recruit a second activities coordinator and it was clear that the available resources were still insufficient to offer people consistent meaningful interaction and activity. People living in the home told us no activities or socialising were offered in the evenings or weekends. Staff spoken with told us they did not have time. We also saw that although there was a lot of photographic evidence of people participating in activities, there were no records. This meant outcomes for people could not be evaluated. This was discussed with the manager who stated it would be addressed.

This area for improvement was not met and remained in place.

Previous area for improvement 2

To promote people's nutritional health and promote wellbeing, the provider should regularly review:

- a) mealtime arrangements, and evidence effective staff engagement and support
- b) the promotion of independence during the mealtime experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 20 June 2023.

Action taken since then

This area for improvement was made as a result of a previous inspection in June 2023. It was made because there were missed opportunities for interactions and limited chances for people to maintain their skills and independence.

During the follow up inspection in September 2023, we saw there were still many missed opportunities for interactions and limited chances for people to maintain their skills and independence. One lady sat for a lengthy period of time without being served, which was causing her distress until we interacted with her. The staff were extremely busy and frustrated at not being able to be more supportive to everyone.

We did see however, when things became less rushed, the lady was supported well, in a kind, interactive way. We discussed this during feedback and suggested looking at alternative mealtime arrangements, for example, having more than one sitting to enable staff to interact more with people, serve meals timeously and make mealtimes a more enjoyable experience for everyone, including the staff.

This area for improvement was not met and remained in place.

During this inspection we observed people being supported well. This included people being offered choices of food and drinks and they were supported according to their needs. People commented positively about the quality of the food. During busy mealtimes housekeeping staff were designated to serving meals and assisting with clearing up; this freed up staff to spend more time supporting people. The atmosphere in the dining room was calm and relaxed with people chatting whilst enjoying their meal.

This area for improvement was met.

Previous area for improvement 3

To promote continuity and stable care and support, the provider should ensure agency staff have the right skills, their deployment is well organised and practice well informed.

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) and 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

This area for improvement was made on 20 June 2023.

Action taken since then

This area for improvement was made as a result of a previous inspection in June 2023. It was made because people spoke of their reliance on agency staff and felt that this had led to a lack of continuity across the service. Feedback from people living there reported their experience of care and support was impacted by current staffing arrangements.

During the follow up inspection in September 2023, we saw there was generally continuity of agency staff through the week, but this was not guaranteed at the weekend. People spoken with said this is still an issue but it's not as bad as it was. One person told us they get fed up having to explain their needs to numerous agency staff when they are new to the home. The operations manager told us he would address this by placing summaries of people's needs discretely in their bedrooms to ensure new staff are informed. We suggested developing roles and responsibilities guidance so new staff know what is expected of them during their shift.

This area for improvement was not met and remained in place.

During this inspection we saw summaries of people's needs in their bedrooms to inform staff. Information sheets had been developed to inform new staff, including agency staff, of important information required to work in the home; including what is expected of them.

This area for improvement was met.

Previous area for improvement 4

To ensure service users experience a service with well trained staff, the provider should:

- a) ensure staff receive regular supervision and appraisals
- b) be able to evidence staff competency, learning and development needs are assessed, reviewed and addressed. This process should also reflect any period of induction and probation
- c) ensure the training plan addresses slippage in mandatory, and refresher training.

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 20 June 2023.

Action taken since then

This area for improvement was made as a result of a previous inspection in June 2023. It was made because we found evidence of slippage with staff falling behind schedule with their e-learning and staff supervision had only recently been restarted.

During the follow up inspection in September 2023, we saw management had an overview of training undertaken by staff. Much of the training was completed online and the completion rate had increased by 10% in the previous month, but further improvement was required. We heard how some staff had worked in the service for a number of months and still couldn't access the online training; the operations manager said he would address this as a priority. In-person training in topics such as falls management and pain management had also been delivered to some staff. However, more work was needed in assessing staff competencies, and their ability to put what they learned into practice.

Supervision had commenced and was a work in progress.

This area for improvement was not met and remained in place.

During this inspection we saw mandatory training had been completed by 91% of staff which was a big improvement from our previous visit. Every member of staff had recently received supervision and annual appraisals were planned for this year.

This area for improvement was met.

Complaints

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

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