

Leonard Cheshire Disability - Alemoor Crescent Care Home Service

17 Alemoor Crescent
Edinburgh
EH7 6UJ

Telephone: 01315 542 220

Type of inspection:
Unannounced

Completed on:
31 January 2024

Service provided by:
Leonard Cheshire in Scotland

Service provider number:
SP2003001547

Service no:
CS2003015503

About the service

Leonard Cheshire - Alemoor Crescent is a care home registered with the Care Inspectorate to provide a care service to a maximum of six adults living with physical and sensory impairments and/or learning disabilities.

The home is on the ground floor of the property and is accessible for people with mobility support needs. Communal areas include a kitchen, dining room, living room, and accessible garden. The home is in a residential area close to local shops and public transport. At the time of inspection six people were experiencing care.

About the inspection

This was an unannounced inspection which took place between 23 and 26 January 2024. The inspection was carried out by one inspector 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service
- spoke with three relatives
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals

Key messages

- People experienced compassionate and dignified care
- The service had strong management and leadership
- Management and staff were committed to continuous service improvement
- Staff were being well supported in their learning and development
- People experienced responsive care which promoted their health and wellbeing
- People had regular reviews of their care and support
- People could have further opportunities to engage in activities and events of their choice
- Care planning documentation could be further improved to reflect people's involvement

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

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

People experienced dignified, compassionate and respectful care and support. The management team met regularly with people to check how they were getting on and whether there were any issues they wanted to discuss. Staff knew people well, including their likes, dislikes and preferences and newer staff were given support to get to know people's needs and build relationships with them. We observed positive interactions between people and their staff and there was fun and laughter being had during inhouse activities. Friendships had developed and people were supported to maintain relationships with friends and loved ones. Family members gave us positive feedback about the quality of care and support their loved ones experienced. We heard that staffing was much improved as the service no longer needed to use agency staff. This had made a big difference to people's experience of care and feeling at ease with those supporting them. People told us that they felt safe when being supported with personal care and had regular opportunities to share their views and were afforded choices. Visiting professionals spoke highly of the service and the way the service communicated with them. While there was scope for improvement in communication with people on occasion, staff practice was being regularly observed and any improvements needed addressed. People were encouraged to raise any issues affecting the quality of care they experienced. This meant that people experienced warmth, kindness and compassion in how they were supported and had confidence in the management of the service to address any concerns.

People had the opportunity to attend residents' meetings and had regular review meetings with those important to them. People were encouraged to share their views, ideas and suggestions. People enjoyed a range of activities within their home and accessed their local community on a regular basis. The service was working hard to further improve community connections and to support people to achieve their individual outcomes. There had been some issues with the availability of accessible transport which had impacted on the opportunities available to some. The service was looking to extend its pool of drivers for the shared minibus. This issue was being addressed at the time of the inspection. Staff had been trained in active support and this was having a positive impact in supporting people to be more involved in daily activities they enjoyed. This meant that people were well supported because staff had an enabling attitude and believed in their potential but there was scope for further improvement to ensure their goals and aspirations were being fulfilled.

People's health and wellbeing needs were regularly monitored and reviewed. There were robust infection control procedures in place to minimise the spread of infection. Staff were clear on their duties to promote people's safety and wellbeing whilst also supporting them to be as independent as possible. Where staff had concerns, these were reported promptly and appropriate action taken, including medical assistance where necessary. People, their relatives and involved professionals told us they were confident that the service was responsive and attentive to any health or wellbeing concerns and communicated effectively to ensure people got the right support for them. Medication systems were robust with daily monitoring to ensure people got the right medication at the right time. This meant that people experienced treatment or interventions that were safe and effective.

People were afforded choices at mealtimes and some people enjoyed being involved in shopping, baking and helping to prepare meals. Nutritional screening and fluid intake was regularly monitored. The service

communicated effectively with relevant health and social care professionals and supported people to attend health care appointments. The management team were supporting staff to record people's care in a way that demonstrated that people's expressed choices and preferences were being consistently met. This meant people could be assured that their care provider was regularly checking that their care documentation reflected their needs, wishes and choices.

How good is our leadership?

5 - Very Good

We made an evaluation of very good for this key question. The service demonstrated major strengths in supporting positive outcomes for people. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes. The service worked within a culture of continuous improvement to strive for excellence.

People benefitted from strong leadership because quality assurance and improvement was led well. The management team regularly audited the quality of the service and were well supported in their roles by senior management. Audits were used to check that key areas relating to people's quality of care were regularly monitored. This included health screening tools, medication, care documentation and finance records. Service improvement planning was well organised and action plans were in place to address any areas identified for further improvement. The management team had a daily presence and spent time with people experiencing care, carrying out observations of staff practice and competency checks. This supported team learning and development. This meant that people benefitted from a culture of continuous improvement, with the service having robust and transparent quality assurance processes.

People's views were also sought through residents meetings to ensure people had the opportunity to guide the development of the service and there was regular communication with their relatives. Staff expressed how well supported they were by management. There was consistent communication between staff to keep everyone updated about people's health and social support needs. People experiencing care and their relatives were complimentary about the management and leadership of the service and expressed confidence in sharing any issues with them. This meant that people experienced high quality care and support because staff and management had the necessary information and resources.

How good is our staff team?

4 - Good

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

Staff were appropriately registered with a professional body or were being supported to do so within regulatory timeframes. Some staff had achieved the necessary health and social care qualifications to maintain their registration with professional bodies and plans were in place for other staff to start to train towards achieving their qualifications. Staff worked well together and commented positively on the support they received with their ongoing learning and development. Staff had regular supervision sessions which gave them protected time to reflect on their practice and plan for any development opportunities. There were effective systems in place to support regular communication around people's care and support needs. Staff were encouraged by management to raise any issues affecting people's quality of care and support and expressed confidence in the leadership of the service.

Staffing was far more consistent and stable with little agency use. People who had previously experienced a lot of changes to their staffing commented positively on the difference having consistent staff made to their

feelings of safety and wellbeing. This provided people with continuity in their care with staff that knew their individual needs well and had built trusting relationships with. There were sufficient members of staff to meet people's direct care needs and spend individual time with people. We heard that additional funding was being sought for people whose care needs had changed.

How good is our setting?

4 - Good

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

The care home was accessible for people's mobility needs. It was homely, clean, well furnished and nicely decorated. People's rooms were personalised and people were supported to bring any items of importance to them when moving there and decorate their rooms in line with their choices and preferences. Although the domestic assistant was not working at the time of the inspection, staff ensured that people's rooms and communal areas were regularly cleaned. People had been involved in the redecoration and refurbishment of their home and had opportunities to share their views and ideas. The kitchen had been upgraded providing more accessible space for people with mobility needs.

Further improvements were planned for the property to provide increased storage space and to upgrade the communal bathroom. The outside grounds were well maintained and there were plans to develop the grounds further to afford increased privacy and to involve people who like gardening in its development. There were clear records for maintenance, cleaning and checking the integrity of mobility equipment. Staff were trained in moving and handling procedures and there were regular moving and handling competency checks carried out and recorded. People benefited from the care home having internal moving and handling assessors who were regularly observing staff practice. This meant that people could have confidence that the staff supporting them with their mobility needs had the necessary skills and training to promote their safety and wellbeing.

Staff were trained in infection control and prevention and had ready access to personal protective equipment (PPE) when needed and safe disposal systems were in place. This meant that people could have confidence in their care provider to ensure that they experienced high quality facilities and continually improve their living environment.

How well is our care and support planned?

4 - Good

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

People's personal plans provided detailed information about their care and support needs as well as their aspirations and goals. Plans gave a good sense of people's individuality and what was important to them. Plans were regularly reviewed. People and their relatives had the opportunity to meet and discuss and plan for their care and support needs at six monthly review meetings. Some information held about health appointments people had attended needed to be transferred across to the relevant sections of their personal plans. People and their relatives could be further involved in the care planning and risk assessment documentation process. The management and staff team had improved the goals and outcomes sections of the personal plans and keyworkers were capturing outcomes in monthly reports. There was scope for further

improvement in linking identified goals with outcomes achieved. This meant that people and their relatives were included and involved in planning their care but could be more central to care planning documentation.

The management team were supporting staff to record people's care in a way that demonstrated that people's expressed choices and preferences were being consistently met. This meant people could be assured that their care provider was regularly checking that their care documentation reflected their experience of care and captured how their choices and wishes were being promoted.

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

Requirements

Requirement 1

To make sure that people are treated with dignity, compassion and respect, the provider must ensure by 30 November 2019 that people are not subject to risk averse practices and their independence is encouraged and is in keeping with their needs, wishes and aspirations.

This is in order to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is consistent with Health and Social care Standards, 1.3 "If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively", 1.19 "My care and support meets my needs and is right for me", 1.34 "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected", 1.38 "If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible", 2.2 "I am empowered and enabled to be as independent and as in control of my life as I want and can be", 2.11 "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions", 2.24 "I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life", 3.1 "I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention", and standard 3.13 "I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me".

This requirement was made on 30 October 2019.

Action taken on previous requirement

The care home is under new management arrangements since the previous inspection. Concerted action had been taken to stabilise staffing arrangements at the service and to promote person centred practice. This enabled people to have increased choice, control and independence in their home and in the community. There were robust quality assurance systems in place to monitor the quality of care and support people experienced. The management team had regular oversight of staff practice and addressed any issues promptly to ensure people experienced care that was dignified and respectful and promoted people's

choices. This meant that people could be assured that their care provider promoted their rights to experienced dignified, respectful care and was committed to continuous service improvement.

Met - within timescales

Requirement 2

To make sure that people receive the correct care and support, personal plans must reflect the needs, wishes and personal outcomes for people, the provider must ensure by 17 January 2020 that personal plans are up to date and relevant. This should include but not be limited to:

- a) wound care guidance and recording formats
- b) as required medication information
- c) clear repositioning guidance and appropriate recording formats
- d) guidance on nutritional needs
- e) next of kin contact information
- f) details of guardianship or adults with incapacity
- g) any identified support needs, for example an adult with medical needs
- h) be reviewed, updated and recorded when care and support needs of the service user changes and at least every six months.

This is in order to comply with Regulation 5 (2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is consistent with Health and Social Care Standard 1.15 "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".

This requirement was made on 30 October 2019.

Action taken on previous requirement

People's health and wellbeing was being well promoted and they had opportunities to meet to discuss their care and support needs which included the involvement of family members and representatives. Health and social support needs were planned for with care documentation being regularly reviewed. The management team maintained a record of people's capacity assessments and legal guardianship arrangements. There were effective links with a range of health professionals to promote people's wellbeing needs. As required medication arrangements were well detailed and provided staff with clear and accessible guidance to follow when supporting people with as required medication. In circumstances where people required repositioning the management team ensured that this was detailed in the people's plans with visual guides for staff to follow. They also ensured that people's health records and any risks to them were being regularly reviewed. Staff received training in promoting people's skin health and any specialist equipment to provide pressure relief was documented in their plans. Medication audits included monitoring the application of prescribed creams to ensure that they were receiving the right care with their skin health. Contact details for people's next of kin, representatives and involved professionals were recorded and accessible. This meant that people

could be assured that their care provider regularly checked that the care and support experienced was right for their them and had relevant information and resources to support them well.

Met - within timescales

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 make sure that people are actively involved and consulted about the service they receive, the provider should ensure that people have opportunities to comment and their point of view respected. The provider should evidence learning, and improvements made to the experience of people receiving care.

This is consistent with Health and Social Care Standards: 2.11 "My views will be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions", 4.7 "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" 4.8 "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" 4.20 "I know how, and can be helped, to make a complaint or raise a concern about my care and support", and standard 4.21 "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me".

This area for improvement was made on 30 October 2019.

Action taken since then

The provider had taken action to address this area for improvement. The management team had a visible presence at the service and had regular discussions with people experiencing care. People had the opportunity to contribute to their reviews of care as well as attending resident meetings and relatives were asked for their views about the service. Action taken had resulted in increased focus on person centred practice and putting people at the centre of decision making. We have discussed improving the way any concerns raised are recorded and actioned with the manager who agreed to take this forward. This area for improvement has been met.

Previous area for improvement 2

To make sure that people get the most out of life and are as independent as they can be, the provider should ensure that people have the opportunity to engage in household and meaningful activities within the care home and in the local and wider community, with the right number of staff available to enable people to consistently attend activities.

This is consistent with Health and social Care Standards; 1.6 "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential", 1.10 "I am supported to participate fully as a citizen in my local community in the way that I want," 1.25 "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," 2.21 "I take part in daily routines, such as setting up

activities and mealtimes, if this is what I want," 2.22 "I can maintain and develop my interests, activities and what matters to me in the way that I like" and standard 3.15 "My needs are met by the right number of people".

This area for improvement was made on 30 October 2019.

Action taken since then

The provider had taken action to address this area for improvement. People were encouraged and supported to be involved in household tasks if they wanted to be. A service user told us that they really enjoyed being in the kitchen and helping to prepare the tea and bake. They also had tasks to do in the office which they really enjoyed. Staff had received training in active support. This was having an impact on including people in participating in activities within their home and in the community. This area for improvement has been met.

Previous area for improvement 3

To make sure that people can enjoy comfortable furniture which meets their needs in the communal areas of the care home, the provider should ensure that furniture fits the physical needs of the people experiencing care.

This is consistent with Health and Social care Standards; 5.6 "If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax" and standard "5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes".

This area for improvement was made on 30 October 2019.

Action taken since then

The provider had taken action to address this area for improvement. People were supported to acquire the right equipment to meet their comfort and mobility needs. This supported changing people's position and offered them alternatives. The environment had been improved through replacement of furniture, flooring and redecoration and people were supported to personalise their rooms as well as being part of environment improvement planning. This area for improvement has been met.

Previous area for improvement 4

To make sure that people can be as independent as possible in preparing their own meals, drinks and snacks, the provider should ensure that the kitchen facilities are fit for use by people experiencing care.

This is consistent with Health and Social Care Standard; 5.7 "If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible", "5.11 I can independently access the parts of the premises I use and the environment has been designed to promote this" and standard 5.16 "The premises have been adapted, equipped and furnished to meet my needs and wishes".

This area for improvement was made on 30 October 2019.

Action taken since then

The provider had taken action to address this area for improvement and the kitchen had been upgraded and redesigned to include an accessible counter space if people wanted to prepare meals and drinks. This area for improvement has 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.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.