

Leonard Cheshire Disability - Bath Street Care Home Service

25 Bath Street
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Type of inspection:
Unannounced

Completed on:
14 February 2024

Service provided by:
Leonard Cheshire in Scotland

Service provider number:
SP2003001547

Service no:
CS2003010994

About the service

Leonard Cheshire – Bath Street service is a care home registered to provide support to five adults with learning disabilities. It is situated within the Portobello area of Edinburgh very close to the beach and promenade and the local high street.

The home is accessible for people living with mobility issues. People had en suite shower facilities. Communal areas include an adapted kitchen, dining room, living room, a multisensory therapy room, a bathroom with assisted bath and enclosed sensory garden. The property is within walking distance of the promenade and the main shopping street of Portobello, with good transport links into Edinburgh city centre and East Lothian.

At the time of the inspection five people were experiencing care.

About the inspection

This was an unannounced inspection which took place between 06 February and 13 February 2024 with visits to the service on 06 and 07 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met with five people experiencing care
- spoke with five representatives/relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- made contact with four visiting professionals

Key messages

- People experienced a high quality of care and support which met their needs, choices and preferences.
- Quality assurance processes were highly effective and evidenced a commitment to continually improving outcomes for people experiencing care
- Leaders promoted a culture of continuous improvement and person led support
- People experienced a service where staff were committed to promoting their health and wellbeing and supporting them to reach their potential
- People experienced high quality facilities which promoted their wellbeing and comfort

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?	5 - Very Good
How good is our leadership?	6 - Excellent
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good. There were 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.

People experienced compassionate, respectful and dignified care and were observed to be relaxed and at ease in their home surroundings. People had staff who they had built trusting relationships with. Staff knew their needs, choices and preferences well. Staff referred to people they supported with warmth and affection and valued them for their individuality. This meant that people experienced warmth, kindness and compassion in how they were supported and cared for.

Relatives expressed how included they felt in decision making processes. We heard that the service was the 'best thing that ever happened' for (name of person supported) and how they were thriving and 'loved all of their staff.' Another relative commented that 'It was extremely difficult for me to trust after previous experience with different care provider but they have been great. Support is extremely good.' and 'I feel that (name of relative) is so incredibly lucky to be at Bath Street.' This meant that people could be assured that those important to them were included in their care and support planning and there was effective communication to continually improve their experience of care.

There was a strong emphasis on ensuring that people had opportunities to reach their potential and be engaged in activities of their choice at home and in the local and wider community. People were supported to go on holidays and enjoyed sharing their photographs and planning for future trips. Therapeutic interventions were also supported and the sensory room was well used for relaxation and enjoyment. People benefitted from having a range of technologies and were supported to maintain friendships and relationships. People had fun within their home and there was lots of conversation and laughter and really positive bonds between staff and people experiencing care. There was a real sense of people having ownership of their living space and some people enjoyed being actively involved in housework and cooking. People told us that staff listened to what they wanted. It was evident that people's choices and views were acted upon and that staff were committed to continually improving their quality of life and daily experiences. Staff enjoyed sharing these experiences with people and were creative with new suggestions based on their knowledge of each person. This meant that people got the most out of life because staff had an enabling attitude and believed in their potential.

People's health and wellbeing needs were being regularly reviewed. Staff were alert to any changes to people's health and presentation. Staff were clear on their responsibilities to support people to stay safe and well, whilst promoting independence as much as possible. Staff were responsive to changing needs and sought the support of a range of health and social care professionals to promote best outcomes for people. Staff were observed to adapt their approach according to people's needs and choices and supported people sensitively and at a pace suited to their needs. People were supported to go shopping as well as order food and this allowed for individual dietary choices being promoted. Any concerns about people's health or welfare were reported promptly and appropriate action taken, including medical assistance where necessary. Relatives and visiting professionals expressed confidence that the service was responsive and attentive to any health or wellbeing concerns and communicated very effectively. There had been considerable improvements to people's health and wellbeing including reduction in stressed behaviours. This had been achieved through collaborative working and effective team communication. We observed robust medication

administration systems and procedures to ensure that people received the right medication for them at the right time. This meant that people experienced treatment or interventions that were safe and effective.

How good is our leadership?

6 - Excellent

We made an evaluation of excellent for this key question. The service supports experiences and outcomes for people which are of outstandingly high quality. There was a demonstrable track record of innovative, effective practice and very high quality performance across a wide range of activities.

People experiencing care greatly benefited from having leaders who were aspirational and continued to actively seek ways to achieve the best possible outcomes for them. Quality assurance was ingrained in all aspects of the service and leaders regularly reviewed service improvement plans to ensure that any identified actions had been progressed. The ethos of the service strongly supported people's inclusion, involvement and contributions which resulted in them experiencing care which was empowering and enabling. This meant that people were encouraged to be actively involved in improving their service and benefited from a culture of continuous improvement.

Staff were empowered to provide flexible person-led care with leaders having a regular overview of their practice. Observations of staff practice and competency checks were carried out and recorded on a regular basis. Staff were very well supported in adapting their practice to ensure that the needs and wishes of people experiencing care were put at centre. The service were proactive in promoting people's citizen rights and challenging discrimination and inequality. People had been supported to actively participate in discussions with their local political representative which had led to their experiences, views and wishes being heard and taken on board to make changes to their community resources. This meant that people could be assured that leaders were proactive in advocating for their human rights, and tackling any social inequalities impacting on their quality of life.

Leaders were extremely responsive to changing circumstances and were innovative in finding resolutions to issues. For example when adverse weather had affected a person achieving their chosen holiday plans abroad quick actions taken resulted in an alternative successful holiday being rearranged at very short notice. This led to a very positive outcome which met the person's support needs, goals and aspirations. There was a very positive culture of risk enablement and continual adaptations to people's care and support to help them reach their potential as well as learning from any adverse events. The service worked closely with a range of health and social care professionals to achieve the best outcomes for people. There was a culture of working in partnership with guardians and relatives and using their input and ideas to improve outcomes for people experiencing care. This meant that people were meaningfully involved in how their service improved and developed.

People experiencing care were regularly included in decision making processes. This was evident in the high quality of facilities and resources that had been organised for them in line with their preferences and choices. This included high quality furnishings, new equipment to support people's comfort, development of sensory areas internally and in the garden grounds as well as investment in interactive technologies. This meant that people benefited from a culture of continuous improvement.

There was a strong culture of positive risk-taking which allowed people to have their say in how their care and support was provided. Where there were any aspects of the service that could be improved there was a proactive approach to finding resolutions and using feedback from people experiencing care and those important to them to continuously improve the service. This meant that people's views were listened to and acted upon and were central to planning their support.

There was a culture of working in the spirit of genuine partnership with people's guardians and relatives to achieve positive outcomes for people through regular inclusion in decision making processes and sharing of information.

The management team were forward thinking, innovative and were tenacious in securing the right supports for people experiencing care. There was a very positive staff culture with robust communication systems in place to promote staff's ongoing learning and development as well as contributing their ideas for service improvement. Staff had access to regular high quality supervision which supported reflective practice and identifying current and future learning needs. Leaders and staff recognised the importance of promoting people's human rights and choices, and embraced the vision, values and aims of the service to support these being met.

Involved health and social care professionals and relatives were very positive about the management and leadership of the service. A visiting professional commented that the proactive approach of the manager had led to real improvements to people's quality of life and health outcomes. There had been improvements made to senior management overview of the quality of the service with regular visits taking place and regular quality audits being undertaken. This supported a collaborative approach so people experiencing care could have confidence that their staff and management worked well together to promote continuous quality improvement.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. There were 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.

Staff felt motivated in their work and expressed how well supported they were by the management team - 'honestly the best manager ever' 'so supportive and always focussed on the residents.' They felt that their opinions were asked for and had regular opportunities to reflect on their practice, meet as a team and develop in their roles. Staff could see the benefits of improvements made by leaders and expressed how much they enjoyed their work. They had found person-centred active support training stimulating in thinking of further ways to enable people to reach their full potential and promote their independence, individual interests, rights and choices.

There had been a lot of staff training and development since the previous inspection and improved opportunities for team meetings, reflective supervision and discussions about service improvement. This meant that the care and support that people experienced was well planned for and staff were engaged in improvement discussions.

Employing a dedicated domestic assistant who took pride in their work had been a positive move as this allowed staff more time to spend supporting residents. We observed warm and caring interactions with residents and heard positive feedback about the quality of staff. Training was linked to the needs of people supported and staff had opportunities to progress within the organisation.

There were systems in place to ensure that all staff were registered with the Scottish Social Services Council within the required timescale. Two residents were shortly to be involved in staff interviews. Their views would be taken account of in any recruitment decisions. New members of staff told us that they had plenty of time to shadow more experienced staff and that they had good induction training and ongoing support

from their line manager and the team. This meant that residents who relied on staff to support them with their mobility and with personal care could be assured that staff had the required mandatory training and that their practice was monitored. The manager used a dependency level tool to assess required staffing levels and reviewed this as needs changed.

We heard from staff that they felt that they were part of a supportive team where issues could be discussed openly. Staff were knowledgeable about adult support and protection procedures and what to do if they had concerns about a person's safety and welfare. They had confidence that any concerns raised would be acted upon by management. There was a real sense of a cohesive staff team who were being supported to develop in their skills and practice.

How good is our setting?

5 - Very Good

We evaluated this key question as very good. There were 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.

People experienced a high standard of accommodation with the setting and resources promoting their independence and sense of wellbeing. Their environment was maintained to high standard of cleanliness with safe and robust infection control measures in place to promote their safety and wellbeing. There had been a lot of investment into improving the environment, including a new kitchen with adapted space for people with mobility equipment. People were supported to obtain specialist equipment suited to their assessed needs. People's rooms were personalised with high quality furnishings and staff accommodation had been upgraded showing that they were valued and also considered when improving the environment.

There had been investment in interactive technology which was enjoyed and well used by people supported and visiting friends and the sensory room was a lovely space for people to relax in and was also well used. The garden ground had been developed with further additions to support a pleasant space to socialise. Further improvements for the environment were being planned for such as replacing the current sofa and obtaining new equipment for the garden. People were very involved when planning purchases for their personal living space and supported with their individual preferences and choices. This meant that people experienced an environment that had adapted, equipped and furnished to meet their needs and wishes.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. There were 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.

People's personal plans gave detailed information about their needs and preferences and what was important to them. All aspects of people's care and support were regularly reviewed to ensure that their plans reflected their current assessed needs. There was detailed information to support people who experienced stressed behaviours and clear protocols for staff to follow to support them well and enhance their self esteem, sense of control and wellbeing. People and their families were involved in reviews of support and this was done in an enabling way with power point presentations with lots of photographs of what people had been involved in since their previous review meeting. People and their families were encouraged to be regularly involved in the care planning process and there was regular communication with relatives to update them on their loved one's support. Plans also included goals and outcomes so it was clear what people had achieved and were planning. Staff were being supported to record in a person centred

way that reflected how people's daily choices were being promoted and keyworkers completed monthly reports to capture people's outcomes. The service were reviewing the six monthly review format so that information about who had been invited and attended was clearer and also that minutes had been shared and agreed with attendees. This meant that people's personal plans were right for them as they set out how their needs, choices and wishes would be met. People could also be assured that their care provider was regularly checking the quality of their care documentation to identify any improvements that could be made.

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's rights to make choices and be as independent as possible are respected, people should be given the opportunity to store and manage their own medication.

This is consistent with Health and Social Care Standards:

2.2 "I am empowered and enabled to be as independent and as in control of my life as I want and can be",

2.5 "If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded" and

2.23 "If I need help with medication, I am able to have as much control as possible".

This area for improvement was made on 29 June 2021.

Action taken since then

The provider had taken action to address this area for improvement. People now had individualised medication arrangements and were being supported to have as much control over their medication while also supporting their safety. Medication plans and management arrangements were well detailed and protocols for 'as required' medications were detailed for staff to follow. This meant that people could be assured that their care provider supported them to manage their medication safely and in a way that promoted their independence in line with their assessed needs. This area for improvement has been met.

Previous area for improvement 2

To make sure that people can have confidence in staff because they are trained, competent and skilled, timescales for refresher training must be adhered to. This includes (but is not limited to) the administration of medication and moving and handling.

This is consistent with Health and Social Care Standards:

3.14 "I am confident in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" and

4.11 "I experience high quality care and support based on relevant evidence, guidance and best practice".

This area for improvement was made on 29 June 2021.

Action taken since then

The provider had taken action to address this area for improvement. Staff received mandatory training and refresher training. This was well documented and demonstrated that all staff received mandatory training and refresher training. This meant that people could be assured that their provider regularly checked that staff had the right training to meet their care and support needs. This area for improvement has been met.

Previous area for improvement 3

To make sure that people have confidence that their personal plans will reflect their aspirations, wishes and support needs, risk assessments must be reviewed, updated and recorded when people's care and support needs change and at least every six months.

This is consistent with Health and Social Care Standards:

1.15 "My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" and

4.27 "I experience high quality care and support because people have the necessary information and resources".

This area for improvement was made on 29 June 2021.

Action taken since then

People's personal plans and risk assessments were now being regularly reviewed and updated and reflected people's current assessed needs as well as their aspirations, choices, goals and outcomes. This meant that people could be assured that their personal plans were right for them and their needs were regularly assessed and monitored. 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	6 - Excellent
2.2 Quality assurance and improvement is led well	6 - Excellent

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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