

Lancefield Care Home

Care Home Service

Rankine Street
Johnstone
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Telephone: 01505337577

Type of inspection:
Unannounced

Completed on:
12 February 2024

Service provided by:
Lancefield Care Home Limited

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Service no:
CS2012309940

About the service

Lancefield is a care home for older people situated in the residential area of Johnstone, close to local transport links, shops and community services. The service provides nursing and residential care for up to 36 people.

The service provides accommodation over two floors with 36 single bedrooms. All rooms have en-suite toilet and bathing facilities. There is one sitting room, one dining room and one quiet room on the ground floor. There are shared bathroom facilities on each floor. There is a communal outdoor garden space which is accessible from the ground floor and is situated at the front of the home. Part of this has been covered to provide a sheltered seating area for residents to enjoy. There were 36 people using the service during our visit.

About the inspection

This was an unannounced inspection which took place on 6, 7, 8, 9, 12 February 2024. We visited at various times from early mornings into the evenings over the course of the inspection. 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with seven people using the service and five of their family/friends
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff were good at developing meaningful relationships with people.
- Leaders were knowledgeable about aspects of the service that required improvement.
- Staff recruitment practice required improvement.
- People needed to have more input into decisions about developing their service.
- Care plans were regularly reviewed and updated.
- Care reviews were not regular.
- Staff knowledge about adult support and protection needed to improve.
- Information must be shared with relevant protection agencies.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
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 evaluated this question as good where there are a number of important strengths which outweigh areas for improvement. The strengths will have significant positive impact on people's experiences and outcomes.

Staff interactions with people were warm and compassionate and staff clearly knew people well. We saw sensitive support when people experienced stress and distress. People told us they felt safe and that staff supporting them were good and well trained. Relatives expressed confidence in the staff team. Staff were good at developing meaningful relationships with people using the service.

There were residents/relatives meetings focusing on activities and a newsletter went out detailing activities. People should be able to feedback about their service to improve outcomes; this should include feedback about staff. This is in the aims and objectives of the service that people can 'shape their service'. People we observed were active and involved with activities and special events in the home. The activity coordinators and care workers were good at engaging people in group and one to one activity within the lounge. People told us, 'I always win at the dominoes', 'That lass is great.' Whilst there were a range of activities available, people who were receiving care in their rooms had limited opportunity to become actively engaged with any activity. This meant not everyone living at the service had opportunity for meaningful activity. The service should ensure a range of opportunities suited to individual's needs.

Mealtimes observed were not rushed and people made positive comments about their food. When we spoke with people they were complimentary of the chef and the quality of food. People enjoyed a good mealtime experience. There was regular access to food, and drinks and staff maintained accurate records of these if required. This ensured people's health and wellbeing benefitted from their nutrition and fluids and people enjoyed the social aspect of mealtimes.

Policies and processes that provided safeguards in relation to people's finances were in place and people could be assured of their financial safety.

We spoke with staff and saw they administered medication in a well organised way however improvements were needed to ensure all staff who administered medication had completed training and had been signed off as competent and skilled in administering medication. Staff observations for medication competency needed to be increased. People's health outcomes could be improved from more robust management of medication in the service. (See area for improvement 1).

People using the service benefitted from being supported by a skilled, knowledgeable nursing and care team. We saw people had access to podiatry, opticians and that there were regular visits by the district nursing team. There were referral pathways in place for community health care services. Relatives told us that they were confident that the service would recognise when their loved one was unwell and the steps to take including contacting them. There was appropriate use of relevant assessment tools when needed. This meant people could be confident their health and wellbeing needs were recognised and addressed.

Areas for improvement

1.

To ensure that people's health outcomes are improved by more robust management of medication in the service; the provider should increase observations of staff practice and ensure all staff administering medication are trained and competent.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state 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).

How good is our leadership?

3 - Adequate

We evaluated this question as adequate where strengths only just outweighed weaknesses. Whilst we identified several strengths, there were weaknesses which compromised outcomes for people. People can expect to use a service that has a culture of continuous improvement.

Leaders were knowledgeable about some aspects of the service that required improvement and demonstrated a willingness to improve the service. Whilst there were extensive audits being conducted, these did not capture important elements of care. The audits were not analysed to identify improvements. They were ineffective as quality assurance tools. Falls analysis subsequently undertaken identified there was a need for staffing levels to be reviewed, particularly in the evenings. People's health and wellbeing was potentially affected by reduced staffing levels. The provider must undertake assessment of people's needs to ensure sufficient staffing numbers and skills mix to ensure people's safety. (See requirement 1).

Audits should be expanded to include improved oversight of care reviews and people's experiences should be evaluated. We discussed a tracker for reviews and asked the service to implement this. We looked at this under 'How well is our care planned?'.

It is important that services have effective systems to assess and monitor the quality of service provided. This helps drive service development and improvement which results in good outcomes for people living in the home. The management team should continue to develop quality assurance systems and processes within the home as there was lack of oversight in some key areas. (See requirement 1). Leaders did not have sufficient oversight of staff registration with some staff not being registered with the Scottish Social Services Council. (See requirement 2).

The quality assurance process should be expanded to include feedback from people using the service and their relatives. There was a service development plan in place but it was not inclusive of people who use the service or their relatives' views. We did see that there was a recent family satisfaction survey and the service could have used this feedback in the service improvement plan. People should have opportunities to feedback about the service they receive; to help improve their outcomes this should include feedback about staff.

Notifications to appropriate bodies were not evident including those required to the care inspectorate; including when staff levels fell below the service's minimum staffing levels; for example where there is no nurse in the service. These notifications should be made detailing the contingencies in place to ensure care can be provided safely. The provider should assess people's needs regularly to determine safe staffing levels

and effective deployment of staff. Leaders acknowledged that the content of notifications made could be clearer. (See requirement 1).

Requirements

1.
By 31 May 2024, the provider must ensure that the quality assurance systems in use in the home are effective in improving outcomes for people: To do this the provider must, at a minimum:

- a) complete regular dependency assessment to inform minimum staffing levels. Assessment should include but not be limited to people's needs, staff numbers and skills mix and environmental factors
- b) ensure there is sufficient staffing in the home at all times to safely meet the needs of people supported. Relevant authorities should be notified if the staffing levels fall below the minimum identified safe levels
- c) ensure there is sufficient analysis of data collected in relation to people's health needs and analysis is used to inform of changing needs, actions required and their impact
- d) ensure that actions identified from quality assurance activity are prioritised, planned and implemented effectively and in a timely manner.

This is to comply with Regulation 4 (1) (a) of The Social Care and Social Work Scotland 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) and 'My needs are met by the right number of people' (HSCS 3.15).

2.
By 31 May 2024, the provider must, in order that people are protected, implement systems to ensure:

- a) staff are recruited safely and in line with the best practice guidance 'Safer Recruitment Through Better Recruitment' September 2023
- b) staff are registered with an appropriate professional body.

This is to comply with Regulation 15 (a) of The Social Care and Social Work Scotland 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 which state 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 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How good is our staff team?

3 - Adequate

We evaluated this question as adequate where strengths only just outweighed weaknesses. We observed that members of all staff teams knew people and their families well. There was good teamwork and communication between staff teams and people told us that the staff team were good. This contributed to improved outcomes and a positive atmosphere for people living in the home.

Staff told us they felt the management team was visible and approachable and relatives were confident that issues would be addressed if they raised them. Staff recruitment practices were not in line with best practice. The 'safer recruitment through better recruitment' guidance was not always followed including pre employment checks such as references. Interview processes could be improved though we saw that this was being addressed. See requirement 2 under 'How good is our leadership?'

Most staff we met were skilled and competent. A high percentage of staff had completed core training however, we also noted some people out of date for significant time periods. This was addressed during our visit. Training did not include reference to the Health and Social Care Standards and staff needed to improve their awareness and understanding of them so people can benefit from staff who are skilled and knowledgeable about the standards that should inform their practice.

Staff were trained in adult protection and there was an adult protection policy in place. However, the provider needed to review adult protection training to support staff to increase their understanding of whistleblowing and of adult protection to ensure the safety of people using the service. Staff should be able to recognise and report protection issues to the relevant authorities at the time and not wait for management to action this. (See area for improvement 1).

Some staff said they felt well supported through induction and had opportunities for shadowing. There had also been some face to face training. Whilst the home environment was clean, staff were not well informed about the National Infection Prevention and Control Manual (NIPCM) for care homes and this meant people could not be confident that best practice guidance was being followed to keep them safe from the risk of infection. Leaders should improve observations of practice and increase auditing of Infection Prevention and Control (IPC) practices. (See area for improvement 2).

The service was making progress in enhancing staff training by offering face to face training relevant to the role. Training should be targeted to include, but not be limited to, the Health and Social Care Standards, and Infection Prevention and Control (IPC) in line with their role. Peer learning was to be rolled out in further areas which would create opportunities to improve practice.

While staff received regular supervision this could be better utilised to support and develop staff practice. Staff told us they felt supported and valued and had confidence in leaders. Team meetings used an agenda provided by the staff team however, these were a missed opportunity to discuss the Health and Social Care Standards and for staff to discuss recent accidents/incidents or issues with care and support.

Areas for improvement

1. The provider should ensure that all staff can demonstrate an understanding of adult support and protection and of their role regards safeguarding of vulnerable adults.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. To improve staff understanding and implementation of Infection Prevention and Control (IPC) practices the provider should ensure that all staff receive training/education on the National Infection Prevention and Control Manual appropriate to their role. The provider should undertake observations of staff practice to ensure that staff are putting the above training/education into practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our setting?

4 - Good

We evaluated this key question as good where strengths impacted positively on outcomes for people.

People benefitted from an environment that was clean, comfortable, tidy and well presented with no offensive noise or odours. The domestic team worked hard to ensure the environment was a pleasant and inviting place to live. Some areas of infection prevention and control understanding needed to improve in relation to the Infection Prevention and Control Manual. Staff should be supported with additional training around this. See area for improvement under 'How good is our staff team?'

Relatives told us they were welcomed into the home. "A relative told us, "All the staff are nice, friendly." There were quiet areas away from the main lounge and dining room for people to have time with their families. There was also a covered outdoor area which was safe for people to use however, access was only via a keypad therefore people could not independently access this space.

The service added directional signage during our visit to assist people with cognitive decline in navigating around the home taking into account good practice guidance.

Appropriate maintenance, environmental and health and safety checks had been carried out. There was a maintenance book used by staff to highlight any issues. Repair requirements were reported and dealt with promptly and properly. This meant people could be confident that basic safety checks were complete and ongoing. There were relevant health and safety policies and procedures and evidence of discussion about health and safety at team meetings to promote the safety of people living at the service.

People's bedrooms were clean tidy and nicely presented with personalised items and this ensured people felt comfortable and relaxed in their own space and able to enjoy this.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where strengths impacted positively on outcomes and experiences for people.

Care plans had appropriate information with health and wellbeing needs set out clearly. These care plans were regularly reviewed and updated using a named nurse. Most plans we looked at were person centred and of a good quality reflecting people's choices and preferences. People had their views taken into account during developing of their care plan. People's preferences were also captured on a one page profile document in their rooms which was a good reference for new or temporary staff.

Risk assessments for skin integrity, nutrition and falls were in place and up to date. There was an overview of risks for individuals and clinical issues were discussed regularly. This ensured that people's health needs were safeguarded from harm. Some relatives told us they were actively involved in the care planning for their loved one. There was multi-disciplinary professional involvement. We saw staff highlighting to relevant professionals where people's needs were changing and adapting support to suit this. Staff were able to

contribute to care planning in a number of ways including highlighting any changes or concerns to nursing staff during daily meetings.

Supporting legal documentation for adults with incapacity were in place and copies of guardianship details were clear within files we sampled. Future plans for some plans we sampled were in place, these care plans were audited by management. Plans provided good information to guide staff to ensure that people were supported in an agreed and consistent way and that their wishes were respected. Leaders and staff used personal plans to deliver the support effectively.

Care reviews should be six monthly in line with legislation and shared with the appropriate people. A small number of reviews had not been undertaken timeously and a review tracker was introduced to support review planning. Reviews provide an opportunity for people using the service and their representatives to discuss what is working well and where improvements are required. (See area for improvement 1). We did see good examples of people and their representatives being involved in monthly reviews of their care plans and this practice should be extended to six monthly care reviews.

Areas for improvement

1. To ensure people's care and support meets their needs and is right for them, the provider should ensure that individual care reviews take place in line with legislation.

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).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's health and wellbeing and improve the quality of their experiences the provider should improve the current quality assurance systems.

This is to ensure 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); and 'I use a service and organisation that are well led and managed' (HSCS 4.23)

This area for improvement was made on 13 July 2022.

Action taken since then

Whilst there was a range of audits and quality assurance processes in place these were not always effective or utilised to identify and implement improvements that would benefit people's health and wellbeing.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question two. See 'How good is our leadership?'

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	4 - 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	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

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

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