

# Lomond Court Nursing Home Care Home Service

Woodside Way  
Glenrothes  
KY7 5RW

Telephone: 01592 754 489

**Type of inspection:**  
Unannounced

**Completed on:**  
21 March 2024

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300748

## About the service

Lomond Court Nursing Home is a purpose-built home situated in a residential area on the outskirts of Glenrothes. The home provides 24-hour nursing care and support to 40 older people.

The service provider is HC-One Limited, a national provider of private health care.

Accommodation is provided on two floors and each floor can accommodate 20 people in single occupancy rooms with ensuite facilities. There is substantial parking provision and landscaped gardens with a patio area for residents' use.

## About the inspection

This was an unannounced which took place on 19 and 20 March 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 eight people using the service and nine of their relatives, seven of which shared their views via a questionnaire
- spoke with eight staff and management, five additional staff shared their views with us via a questionnaire
- observed practice and daily life
- reviewed documents.

## Key messages

- People were supported by a consistent and dedicated staff team.
- Relatives felt care was good and people were treated like family.
- Key improvement was needed to care planning and staff training.
- Management team were well respected and improvement focussed.

## 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?	3 - Adequate
How good is our leadership?	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?

## 3 - Adequate

We evaluated this key question as 'adequate' where strengths just outweigh weaknesses. Key areas of performance needed to improve in order to support consistent positive outcomes and experiences for people.

People were very well known by those who looked after them. The service had a consistent staff team, which meant that people were familiar with all staff within the service. Relatives commented that they felt their loved ones were treated like family.

People's views and opinions should be central to care. Views were gathered during resident meetings and relative meetings had recently been recommenced. Families felt welcomed into the home and were confident that they could remain involved in their loved one's care. This meant that people could be actively involved in change and improvement within the service.

It is important that people's choice and dignity are respected at all times. Two people commented that they were not always spoken to in what they considered a kind or respectful way. These comments applied to a very small number of staff. This aspect of care could be further promoted within the service by an increase in observations of practice by the leadership team. Further training and development of dementia care would also be beneficial (**see requirement 3**).

People should get the most out of life and be able to spend their time in a meaningful way. We saw that staff were actively engaged with people during the day. There were opportunities for people to take part in small craft projects, games, use colouring resources and read a news update sheet. People were also supported on a one-to-one basis by a dedicated activity staff member who worked over three days of the week. Although there was some good detail about people's hobbies and interest recorded in their care plans, it was unclear how these were supported to continue. One person commented about their hobbies, "I just have to give that all up, this is my life now". Planning, recording and evaluation of activities was limited. This made it difficult to see what people had engaged with and enjoyed. Families had recently been asked for suggestions and ideas, but these had not yet been actioned. Further development was required to ensure that people remained connected with the community and had a range of options to remain active both indoors and outdoors. We discussed with the service re-evaluating how spaces in the home are used, to promote people's choices and encourage more meaningful activities. A requirement is made (**see requirement 1**).

It is important that people's health benefits from their care and support. We found that medication management was robust and accurate. People could be confident that they were getting the right medication at the right time. Mealtimes were well organised and menu options were shown visually, which help promote people's choice and independence. People on adapted diets had the appropriate foodstuff and those who required support during mealtimes were given this in a calm and dignified way. Nutritional care within the service required further development to ensure that all staff were fully aware of people's needs. Links between nutrition and diabetes needed to be clearer in care plans. We also had concerns around lack of staff training, and detail in care plans around epilepsy care and treatment, for those who needed this. Staff would benefit from further training in these identified areas to ensure that the whole team adopts a consistent approach (**see requirement 3**).

Care plans in general required a greater level of detail about people's individual health conditions and their impact. Plans were not always personalised and, at times, did not contain adequate information to fully guide care. Further development of care plans was required. In addition, we found improvement was needed to the frequency that care staff both contribute to and read care plans. A requirement is made (**see requirement 2**).

## Requirements

1. The provider must, by 10 June 2024, ensure that people living in the service experience improved outcomes by spending their time in ways that are meaningful and purposeful for them. In order to achieve this, the provider must:

- a. Clearly detail peoples wishes, interests and outcomes
- b. Plan and deliver a program of activities/events that are in line with these wishes, interests, and outcomes.
- c. Involve people living in the service and their families in activity and event planning.
- d. Re-evaluate how spaces in the service are used to facilitate activities/events.
- e. Record and evaluate people experiences.

This is to comply with Regulation 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/2010).

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).

2. By 10 June 2024, the provider must protect the health, welfare, and safety of those who use the service. In particular, you must ensure that all personal plans have up to date, personalised information with relevant risk assessments. In order to do this the provider must ensure that:

- a) plans accurately reflect the assessed current health and care needs of the service user, with priority being given to end of life, epilepsy care, diabetes care and stress and distress, for those who need them;
- b) plans clearly record the support required to meet the needs of the service user, and the steps which should be implemented to address these needs, and mitigate any risks identified.
- c) care staff regularly read care plans to help guide care. Opportunities are given to allow care staff to contribute to care planning.

This is in order to comply with Regulations 3, 4,(1)(a) (welfare of users), 5(1), 5(2)(a), 5, (2)(b)(personal plans) 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:

'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).

3. By 10 June 2024, you must ensure that service users experience a service with well trained staff. In particular, you must ensure that staff receive training in relation to nutritional care (including diabetes), dementia care and epilepsy care. In addition, any other relevant training, where it is appropriate to the role performed by the staff member, to meet the assessed care and support needs of service users.

The service should carry out regular monitoring to demonstrate how training received is being implemented in practice.

This is in order to comply with Regulation 15(b)(i) (Staffing) 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 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?

## 4 - Good

We evaluated this key question as good. There were significant strengths which impacted positively on people.

Staff reported that the leaders in the service were approachable and supportive. Families we spoke with told us communication in the service was good. We saw evidence of complaints being well managed. We found the management team within Lomond Court were focussed on improvement and could evidence a clear plan for developing practice and people's experiences. This supported a culture of responsiveness and continuous improvement.

Quality assurance should be well led and drive improvement. The service had good systems in place to ensure regular audits were taking place, this included medication charts, care plans and people's daily experiences. There were also systems in place to audit performance in these areas at a senior manager level. Further work was needed to care plans to ensure they were personalised and detailed (see requirement 2 in Key Question 1). We saw examples of how the audits that were taking place were influencing improvement planning.

Staff should have regular access to training and have opportunities to self-evaluate and reflect on their practice through supervisions. The service acknowledged some slippage around regular supervisions and appraisals for care and nursing staff. We saw evidence of the services' commitment to improving this and work was well underway to ensure the right supports were in place for care staff. We saw regular team meetings had re-commenced, with evidence of best practice discussions taking place. This helps promote a service that is dedicated to ensuring supported people get the care they need and deserve.

Improvement was needed around access to essential training for care staff to ensure safe and informed practice. This helps ensure peoples health and care needs are meet by a well informed and competent staff team (see requirement 3 in Key Question 1).

## 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 living in the home to experience meaningful days the service should ensure that there are adequate social and recreational activities available to meet peoples needs and interests . Information about people's preferences should be recorded in their personal plan and each activity evaluated.

This is to ensure 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 23 August 2022.**

#### Action taken since then

This area for improvement is no longer in place and has been incorporated into a new requirement under Key Question 1.

#### Previous area for improvement 2

The service should involve people who use the service, families and staff with the ongoing development and improvement of the service and use this information to help inform the Home Improvement Plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7) and 'I benefit from a culture of continuous improvement, with the organization having robust and transparent quality assurance processes (HSCS 4.19).

**This area for improvement was made on 23 August 2022.**

#### Action taken since then

We saw evidence that the service had commenced resident, relative and staff meetings where people had the opportunity to give feedback and be involved in improvement planning. The service demonstrated a commitment to continuous engagement.

**This area for improvement has been met.**

## Previous area for improvement 3

To support people's health and wellbeing and to provide people with the correct care and support the provider should ensure that all staff read, understand and follow people's personal plans.

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

**This area for improvement was made on 23 August 2022.**

### Action taken since then

This area for improvement is no longer in place and has been incorporated into a new requirement under Key Question 1.

## Previous area for improvement 4

The provider should ensure that service users' personal plans are right for them and set out how all aspects of their care and support needs will be met, as well as their wishes and choices. This should include personalised update records completed by carers.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS) which states '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).

**This area for improvement was made on 23 August 2022.**

### Action taken since then

This area for improvement is no longer in place and has been incorporated into a new requirement under Key Question 1.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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