

Leven Beach Care Home

Care Home Service

Leven Beach Nursing Home
Promenade
LEVEN
KY8 4HY

Telephone: 01333 425662

Type of inspection:
Unannounced

Completed on:
8 March 2024

Service provided by:
Levenbeach Care Limited

Service provider number:
SP2021000170

Service no:
CS2021000273

About the service

Leven Beach Care Home is registered to provide care for 52 older people. It is situated on the river front in the town of Leven, close to the beach, local amenities and transport links. There were 50 people living in the home at the time of the inspection.

Accommodation is provided over two floors. The upper floor has a large living room with views over the river and a separate kitchen/diner, as well as two smaller lounges. Communal spaces downstairs include a lounge/diner with direct access to a secure outdoor space, overlooking Leven community gardens. There is also a separate lounge/diner to the rear of the home. The home has ample parking directly at the front of the building. Additional public parking can be found nearby.

About the inspection

This was an unannounced inspection which took place on 1, 4 and 8 March 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 and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service and six of their family and friends
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were cared for by a staff team who were warm and compassionate.
- People could remain active both within the home and outdoors.
- Medication management required increased oversight.
- Quality assurance was well led.
- Previous requirements from a complaint investigation had been met.

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?	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' where performance demonstrates major strengths in supporting positive outcomes for people.

People were cared for by a staff team who were warm and compassionate. Staff knew people well and understood their individual preferences and needs. This meant that people felt well supported and confident in the team around them.

People could give feedback about various aspects of their care, including their environment and the foods which they received. Staff members from across the care, domestic, catering and maintenance teams took time to seek informal feedback from people. This meant that the service was responsive to people's opinions and ideas and that they remained central to decisions about their life and environment.

Families felt welcomed into the home and appreciated the hospitality which they received. One person said, 'They understand what we are going through'. Families were able to comment on the good practice of specific staff members. A minority of families felt that communication could improve. The manager accepted this feedback and planned to take steps to address it.

People should get the most out of life and be supported to have a meaningful day. The service had a programme of organised activities which was distributed to each person at the start of the week. Families received regular communication about the events and activities in which their loved one had participated.

A walking group had been set up to ensure that people had regular opportunities to get outdoors and connect with the local community. People could also participate in a range of community events and competitions throughout the year. Seasonal events and festivals were celebrated and themed activities took place over the preceding days. This meant that people continued to feel involved and orientated in the pattern of the year.

The environment in the first floor unit could be further developed to enhance the care and support provided. Although the environment was clean and very well presented it did not specifically support dementia specialised care. This issue already formed part of the home's improvement plan, which gave confidence that it would be addressed over the coming months.

Healthcare needs were being well attended to, with regular clinical oversight and handover of information. Where people were at risk, the appropriate assessments were in place and were updated as needs changed. Adjustments had been made to the amount of information contained in the daily handover sheet. Additional information helped staff be clearer about people's specific needs and risks. Staff reported that these sheets were useful and that the changes had been positive.

Medication management required a small increase in oversight in order that minor errors and omissions were picked up promptly and addressed. Record keeping of medication was, at times, a little messy. This meant that medication management was not always as clear as it could have been. The manager took immediate steps to address this at the time of the inspection and we were confident practice would improve.

How good is our leadership?

5 - Very Good

We evaluated this key question as 'very good' where performance demonstrates major strengths in supporting positive outcomes for people.

Management and leadership in the home was responsive to changes and challenges. Recent feedback had resulted in changes to practice and development of new paperwork and processes. The management team had adjusted staff break times in order to ensure people's care needs were being met throughout the day. There had also been the addition of an evening domestic shift in order to ensure that care staff were not drawn away to cleaning tasks. Staff were able to confirm that these changes had a positive effect on experiences within the home.

Quality assurance was well led within the home with a variety of checks and audits in place across a range of areas. The manager had very good oversight of people's clinical needs and of aspects of care such as falls, nutrition and wounds. This meant that people could be reassured that health needs were treated as a priority. This provided information which was also used to plan staff training needs and any required changes within staff practice.

Leadership throughout the team was being developed. There was a need to ensure that standards of practice were maintained across shifts and over time and in both the presence and absence of the manager. Although initial steps had been taken, there was further work required.

Staff were well trained and the process of induction to the home was robust. New staff felt welcomed to the home and teams worked well together. Further consideration could be given to recruitment practice as not all aspects of the safer recruitment guidance were being consistently followed. Where references are sought these should be from the most recent employer, whenever possible. This was not always the case. An area for improvement is made. **(See area for improvement 1.)**

Areas for improvement

1. To protect people from potential harm, the provider should demonstrate they have followed good practice guidance for safe recruitment at all times.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

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

Requirements

Requirement 1

By 20 December 2023, the provider must demonstrate that the level of staffing and deployment is sufficient to provide support to people experiencing care.

To do this, the provider must at a minimum:

- a) ensure dependency levels of people using the service are accurately assessed and recorded
- b) ensure there are sufficient numbers of staff who are appropriately deployed within the care home to meet people's assessed care needs
- c) undertake regular audits of staffing levels and deployment to ensure they meet people's needs, with consideration of the care home environment and any challenges this may present.

We have extended the timescale to 13 February 2024, to support the service to fully meet the requirement.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

This is in order to comply with:

Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 15 February 2023.

Action taken on previous requirement

Dependency levels were assessed and reviewed frequently throughout the week, with a good oversight of changing needs. Feedback had been sought from staff and information gathered through observations within the home. Steps had been taken to address times of the day which required additional staff and new shifts had been added to the domestic rota. Although still in a trial period it was felt that increasing domestic cover in the early evening would ensure care staff could focus entirely on meeting care needs.

Staff training in key areas of practice, such as moving and handling and adapted diets had been extended to members of the domestic and hospitality team. This meant that an increased number of staff could assist care staff in elements of care during the day. Staffing hours were being calculated in a way which allowed additional staffing to be available each day via members of the wider team. Care hours were fully met by care staff.

Adjustments had also been made to the break times for staff, ensuring that staff breaks were more evenly spread throughout the shift. Staff breaks were moved away from key times in the day when increased care

needs had been identified. Working in this way meant that more staff were available throughout the day on a consistent basis.

Met - within timescales

Requirement 2

By 20 December 2023, the provider must demonstrate that the nutritional needs of people who use the service are regularly assessed, and adequately met.

In order to achieve this, the provider must:

- a) ensure that personal support plans and risk assessments accurately reflect the current nutritional needs of people
- b) ensure any identified risks to people's health are appropriately assessed including the steps that are to be taken to reduce or mitigate these risks
- c) ensure nutritional intake records are accurately taken where weight loss or nutritional concerns are highlighted.

This is to ensure care and support 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 is in order to comply with:

Regulation 5(2)(b)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 7 December 2023.

Action taken on previous requirement

The service had taken steps to develop a choking risk assessment for each person in the home. These outlined the steps used to mitigate against any risks presented. Nutritional care had been a focus of attention and further training was planned. Staff felt more confident in their understanding of food fortification and were able to highlight fortification in their practice. Records of food and fluid intake were being used as a tool for assessment and evaluated to provide important information with which to guide care. A clear system was in place to guide the use of weekly or monthly weights, and staff were aware of any concerns.

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

In order to support good outcomes for people experiencing care, the manager should ensure that staff are provided with appropriate training to meet the specific health and wellbeing needs of people using the care service, and their representatives.

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 area for improvement was made on 31 January 2024.

Action taken since then

The service had ensured a focus on training and development of the team, including training on specific health issues. Further information had led to a greater understanding of people's presentation and symptoms, which had improved staff practice. The manager had a programme of focus areas for over the coming months. These areas were chosen in response to data and information collected during quality assurance.

This area for improvement is met.

Previous area for improvement 2

People experiencing care, and their representatives, should expect known risks to be acted upon, in line with good practice guidance, to minimise their risk of harm. The manager should revisit falls prevention procedures with staff, and ensure strategies for reducing risks are clearly documented in care plans and are being followed by staff.

This is to ensure care and support 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 area for improvement was made on 31 January 2024.

Action taken since then

All care plans sampled included a falls risk assessment and this was updated after any fall. Information regarding people's falls risk was now included on the handover sheet available to all staff. This ensured that staff were fully aware of people who required further support and attention.

This area for improvement is met.

Previous area for improvement 3

In order to support good outcomes for people experiencing care, the manager should ensure that accident reporting is improved. Relevant and required information should be recorded to help to identify what

happened, and how it might be avoided in future.

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 area for improvement was made on 31 January 2024.

Action taken since then

Staff training had taken place to increase understanding of the management of incidents and accidents. Post falls checks were being more closely monitored via the handover meeting to ensure the checks continued over a number of days. Oversight of accidents was taking place regularly and there was a weekly evaluation of risks and changing needs based on falls data. A staff member was then responsible for ensuring care planning and guidance was updated.

This area for improvement is met.

Previous area for improvement 4

In order to ensure good outcomes for people experiencing care, and their representatives, people should receive an apology when things go wrong.

This is to ensure care and support is consistent with Health and Social Care Standard 4.4: I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

This area for improvement was made on 31 January 2024.

Action taken since then

Not assessed

Previous area for improvement 5

The service should engage in proactive communication with people, and their representatives, by ensuring appropriate records of meetings are taken, where concerns have been raised. This would support an open and honest learning culture where people feel included, respected and listened to, and would enable the service to maintain sufficient oversight of any progress that is made.

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

This area for improvement was made on 31 January 2024.

Action taken since then

Clear records of meetings were now being kept and these could be referenced at future meetings for clarity. The manager had reflected on practice and was clear where improvements could be made in communication with families.

This area for improvement is met.

Previous area for improvement 6

The provider should ensure people are given the help they need to maintain good standards of personal care and presentation, in line with their choices and preferences. Preferences should be highlighted in people's support plans, and when people are unable to express their wishes, the views of their family, or those closest to them, should be taken into account.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 31 January 2024.

Action taken since then

The service's pre-admission assessment has been updated to reflect seeking information about specific preferences. There were no concerns about people's presentation during the inspection and families fed back that they did not have issues with general presentation of their loved one when they visited. Where families had issues and concerns these had been raised directly with the service.

This area for improvement is met.

Previous area for improvement 7

The provider should ensure that personal plans and care records reflect a responsive and person-centred approach.

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).

This area for improvement was made on 21 November 2022.

Action taken since then

Care plans were adequate to guide care and provided detail on individual wishes and preferences. People and their relatives had clearly been involved in the development of plans which reflected people's needs. Where feedback had indicated the need for plans to be added to, with new or updated information, this had been completed. Whilst care planning requires continuous attention to ensure that the most up to date and relevant plans are in place, there was not a need for further, specific development.

This area for improvement is met.

Previous area for improvement 8

The provider should ensure that there is regular monitoring of staff practice to provide assurance that practice is consistent with current good practice guidance. Regular staff supervision should be provided to ensure their learning and development needs are assessed, reviewed and addressed and that reflective practice is promoted.

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).

This area for improvement was made on 21 November 2022.

Action taken since then

A staff supervision schedule was in place to plan and monitor the completion of regular staff supervision. A programme of twice yearly supervision and once yearly appraisal was in place. Staff felt supported in their work and had access to training which met their development needs.

This area for improvement is met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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	5 - Very 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

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