

Lydiafield Care Home

Care Home Service

Standalane
Annan
DG12 5JR

Telephone: 01461 203 261

Type of inspection:
Unannounced

Completed on:
6 March 2024

Service provided by:
Mead Medical Services Limited

Service provider number:
SP2003002327

Service no:
CS2004073594

About the service

Lydiafield care home is registered to provide a care home service to 51 older people. The service provider is Mead Medical Service Limited.

Lydiafield care home is situated in a quiet residential area of Annan, Dumfries and Galloway. The service is close to the town centre and local amenities. The accommodation is provided within four self contained units or "households". All bedrooms are provided on a single basis with en-suite toilet, and wash hand basin. Some rooms have a shower/wet room. Each unit has a living area, dining room and shared bathroom facilities.

The home is surrounded by established gardens which are well maintained. A courtyard garden is accessible from two of the units within the home. Visitors' parking is located at the front of the home.

There were 49 people using the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 28 and 29 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 and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with nine people using the service who were able to give their opinion and seven relatives.
- for people unable to express their views, we observed interactions with staff and how they spent their time.
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with three visiting professionals.

Key messages

- Staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- People's wellbeing benefitted from regular activity and social opportunities.
- The service should improve daily record keeping.
- The home was clean and welcoming.

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?	4 - 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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People told us that staff interacted warmly and respectfully with them. Staff had meaningful conversations with people who experienced care which had a positive impact on how people felt listened to. This supported good conversations and growing good relationships and gave people a strong sense of their own identity and wellbeing. We were told that care and support was carried out in a dignified way and personal preferences and choices respected.

Feedback was positive about the quality of care and support people received. Comments included "I have no complaints, I am very comfortable here" "staff are very friendly and know me well" and "this is a lovely home, there is always something going on." "Relatives' comments included "My dad is very happy here; I am kept well informed and always made to feel welcome".

People enjoyed coming together for meals. Staff ensured that mealtimes were relaxed, enjoyable and sociable. People were offered alternatives if choices available were not to their taste. The dining process was quality assured to ensure any issues identified were resolved. People's health and wellbeing benefitted from the provision of high quality and well-presented food.

Activities involved care staff but were led by an activity co-ordinator. People's preferences for activities were noted in their personal plans. People were provided with a weekly activity plan which included physical exercise classes, entertainment, arts and crafts and group trips out of the home. Relationships between people experiencing care were developed because of well provided activities.

To meet people's medical needs, the service had a safe, well-managed medication system. Staff had received training, and had clear guidance, to support this task safely. Medication care plans were detailed and directed support. There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

Medicines with a PRN (pro re nata) or 'when required' dose can treat many different conditions. People's plans should contain enough information to support staff to administer when required medicines. The plan should include appropriate alternative support and interventions to use before medicines. Records did not always include this detail and we have made an area for improvement. (See area for improvement 1)

People's health benefitted from very good engagement with other health services. Other health professionals we spoke with told us staff were quick to act on health-related issues and were responsive to any advice given. This approach helped people keep well and ensured their health needs were being met.

People had personal plans in place which set out how their health and care needs would be met. Staff demonstrated an understanding of the needs of people. Personal plans and risk assessments showed each area of care and support informed staff how to deliver care safely and took account of their personal preferences.

Although health assessment and screening took place. We found inconsistencies in the standard of

recording and gaps in some daily recordings, for example in fluid intake and repositioning records. Elements were not in keeping with best practice and records could be improved further. (See area for improvement 2)

Areas for improvement

1. To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving when required medicines, medication administration records chart should include:

- the reasons for giving when required medicine;
- how much has been given including if a variable dose has been prescribed;
- the time of administration for time sensitive medicines; and
- the outcome and whether the medicine was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

2. In order for people to benefit from care that is person centred and responsive, the provider should ensure record keeping standards are improved to accurately reflect the care and support delivered. This should include but not limited to:

- Outcomes for people are captured in daily recordings.
- Daily recording must improve reflecting the care given and the effect this has on people.
- Staff are aware of the importance of accurately completing care plans and related documentation, and their accountability in line with professional Codes of Practice.

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 because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21)

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager had a proactive approach to driving improvement. A service improvement plan was in place, and this was updated regularly. A self-evaluation based on the quality framework for care homes for older people had also been developed and this identified the next steps for service improvement.

We found there were effective quality assurance processes in place. There was a schedule for audits to be carried out in respect of all aspects of clinical, environmental and staff practice. There was evidence that the audits had been carried out as planned. Where areas for improvement were highlighted, actions to remedy issues were identified. Personal plans were reviewed and updated regularly ensuring care was responsive to people's individual needs.

Several staff members were identified as Quality Champions for a range of key aspects care. This fostered shared accountability for quality improvement across the staff team.

We received positive feedback on the management and leadership within the service. The staff told us they were well supported and listened to. All groups of staff had regular meetings and the minutes showed that

there was a focus on improving the quality of care provided. Quality assurance and service improvement was reflected in the minutes of senior staff meetings, but this was not explicit in the meetings of other groups of staff. Consideration should be given to how best to engage all staff in self-evaluation to ensure a shared responsibility for service improvement. (See area for Improvement 1)

We saw regular meetings were held with residents and relatives, and surveys had recently been undertaken. This allowed people to be involved in evaluating the quality of the service. Although the people we spoke to were positive about the opportunities they had to provide feedback it was not always possible to establish how their views had been used to inform changes in the service. (See area for Improvement 2)

Areas for improvement

1. In order to achieve comprehensive quality assurance and service improvement, the provider should ensure that all staff have the opportunity to be involved in and contribute to the self-evaluation of the service.

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

2. To ensure people are meaningfully involved in improving the service the provider should establish an effective means of communicating the action taken in response to issues raised through consultation activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve. (HSCS 4.8)

How good is our staff team?

4 – Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staffing requirements were identified through regular assessment of people's care needs. We observed that the atmosphere in the home was calm and that there was sufficient staff on duty to meet the needs of residents. Staff told us that they always have time to engage meaningfully with residents and we observed interactions that were kind and compassionate.

Staff all spoke positively about their role within the service, and the value of working within a supportive team. They had participated in a wide range of training and all of those we spoke to felt that this had provided them with the necessary skills to carry out their work confidently. Several staff members told us about their plans to embark upon further learning and senior staff had participated in the SSSC (Scottish Social Services Council) Step into Leadership programme.

There was effective communication between the management team and care staff. Staff meetings and supervision sessions were taking place regularly. Records showed that residents and relatives participated in the supervision of staff members. This provided an opportunity for staff to consider their performance in relation to the outcomes for people living in the service.

The approach to staff development in the service meant that residents could be confident that the people

who support them are trained, competent and skilled.

There was a system in place to record the SSSC (Scottish Social Services Council) registration of staff members. It was noted that this had not been updated regularly. This meant that there was no clear oversight of when registrations required to be renewed. An accurate record of registrations should be maintained. (See area for improvement 1)

Areas for improvement

1. To ensure people are supported by staff who are appropriately registered with the relevant professional body, the provider should maintain an accurate record of the registration status of all staff, including the date registration should be renewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home was warm and welcoming. The service has taken account of best practice guidance for people with dementia. The signage and visual markers, such as signs to show where the toilets were enabled people to move easily and independently around the home. The environment was regularly assessed to ensure that it remained dementia friendly.

At times, we found hoists stored in walkways. We discussed with the manager better use of storage and ensuring aids are not on display within people's pathways. This will ensure risk to people stays minimal and respects people's dignity within the home.

We saw that there was a variety of spaces for people to enjoy in the home, with a mixture of busier and quieter seating areas. The service was fundraising to create a sensory room to increase activity options for people and the work for this had already started. We observed people freely accessing different spaces at the time of inspection. This meant that people could choose where to spend their day and have privacy when they wanted.

The bathroom/ shower facility in Cedarwood unit is shared and was not adapted suitably to meet people's needs. We saw this was highlighted in the environment improvement plan and work was due to begin shortly. This meant for some people there was a lack of choice of bathing. (See area for improvement 1)

There were well-kept enclosed gardens for people to use. People could independently use the garden, weather permitting. We saw the summerhouse had been refurbished into the 'Lydiafield Arms' giving options for people to enjoy a social space with family and friends. People chose where to spend their time.

The communal areas were welcoming, spacious and tidy. The environment and equipment were generally cleaned to a high standard and well maintained. Any issues reported were actioned quickly, promoting

people's health and safety. Maintenance records were in good order, with a clear process for highlighting any required work. Consequently, the general environment was safe and secure.

Areas for improvement

1. So people who live in Cedarwood unit have a choice of bath or shower, the bathing facilities should be improved to be more accessible and safer for staff to provide assistance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support". (HSCS 5.1)

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We could see personal plans being regularly reviewed and updated in response to people's changing needs. This gave us confidence that they accurately reflect individual needs.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of residents and relatives. This helped people to get involved in leading and directing their own care and support.

Risk assessments were kept up to date and showed actions to keep people safe. There was evidence of links and regular contact with GP's and external health professionals for advice and support. This ensures people receive timely and responsive care.

We found people had anticipatory care plans recorded. Discussions had taken place around what matters to people and their families. This ensures people's rights and wishes are considered when their health deteriorates.

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

So people experience care with dignity and are protected from harm, the service provider should ensure:

- staff training in dementia care is provided with a focus on how to support people with stress/ distress,
- adult protection procedures are followed with robust strategies to protect people if they might come to harm through clashes with another person living at the service and
- more robust assessment and support plans are put in place if a person is unable to be supported easily with oral or personal hygiene due to the distress they may experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty". (HSCS 3.18)

This area for improvement was made on 13 April 2022.

Action taken since then

Staff training records were available which included staff training in dementia care. We observed staff to support people to meet their needs and display good practice in relation to dementia care. Families spoke positively about the support given to their loved ones.

Personal plans recorded how to support people with stress and distress and what this may look like for people. We found adult support and protection records to follow good practice. There were monitoring records to show outcomes and actions from concerns raised.

Personal plans also showed oral health care plans and how staff can best support this. Daily oral health records were seen to show staff support given. Feedback from people showed plans were followed and people received the right support in relation to oral care.

This area for improvement had been met

Previous area for improvement 2

So people enjoy mealtimes and are supported appropriately the service provider should ensure:

- staff are available and support people during a meal,
- food fortification is provided on an individual basis in keeping with people's needs and preferences and recorded with enough detail so staff can follow this.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected". (HSCS 1.34)

This area for improvement was made on 13 April 2022.

Action taken since then

We found mealtimes to be well supported by staff who were aware of people's needs and preferences.

Food fortification information was detailed for people, and we saw people receiving the right fortified meals as stated within their personal plan. Staff were seen to know people's needs. Catering staff had received training to support their knowledge in this area.

This area for improvement had been met

Previous area for improvement 3

So people's healthcare needs can be met, the service provider should:

- record medical history and plans of support in relation to any long-term medical conditions.
- to support deterioration, training in vital signs or other monitoring tools such as Restore 2 should take place with competence checks periodically and
- anticipatory care plans should be discussed and agreed whenever possible so out of hours are aware and responses are appropriate.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "My future care and support needs are anticipated as part of my assessment". (HSCS 1.14)

This area for improvement was made on 13 April 2022.

Action taken since then

Personal plans were in place which included people's medical history and current health conditions. Staff were knowledgeable of people's healthcare needs and work well with other professionals. Staff training had been carried out in 'Restore2' so vital signs can be taken when necessary.

People had anticipatory care plans in place which showed caring conversations had taken place to discuss future care wishes.

This area for improvement had been met.

Previous area for improvement 4

So people can be sure quality assurance drives change and improvement where necessary the service provider should:

- Consider an overarching quality assurance/ improvement policy and review of current systems, include self-evaluation using the quality framework for care homes for older people.
- Develop service improvement plans from this with clear accountability/ timescales. Allow enough time to make a change and evaluate/show this took place.
- Enhance staff leadership skills to build capacity for improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". HSCS 4.19

This area for improvement was made on 13 April 2022.

Action taken since then

We have reported on this under Key Question 2 – How good is our leadership?

The service had good systems in place to support and drive improvement within the service.

This area for improvement had been met.

Previous area for improvement 5

So, people can be assured staffing levels are right, further development in keeping with the "safe staffing project" should take place to ensure staffing is flexible and staff skill mix is such that knowledge, skills, and competence is sufficient in order to meet people's needs with dignity and respect.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14)

This area for improvement was made on 13 April 2022.

Action taken since then

A staffing review had taken place and a new structure had been put in place. Staff worked well together and had supportive leadership in place. We have reported on this further under Key Question 3 – How good is our staffing?

This area for improvement had been met.

Previous area for improvement 6

So people experience more person centred care, a review of roles and responsibility should take place to consider:

- developing the small group living/ household concept with a stable group of staff working in a unit (or units),
- widening the number of people who can administer medication,
- reducing the use of a medication trolley in areas where individual medication cabinets can be used,
- staff work together to support meaningful activity.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: "My care and support is consistent and stable because people work together well". (3.19)

This area for improvement was made on 13 April 2022.

Action taken since then

Staff worked in teams in each unit which supported a more consistent approach. Training had been completed to increase the number of staff who can administer medication.

Medication trolleys were still in place, this was discussed with the manager at the time of inspection. The management team were looking at consulting with people around the use of individual medication cabinets.

There was a variety of meaningful activity happening within the home and we have reported on this under Key Question 1 – How well do we support people's wellbeing?.

This area for improvement had been met.

Previous area for improvement 7

To help ensure the environment meets the needs of service users and promotes independence, the service provider should enhance the quality of the care home environment, linking any changes made to best practice. This should include, but is not limited to:

- adequate wayfinding/directional signage
- adequate and consistent levels of lighting
- sufficient tonal contrast allowing individuals to navigate safely and effectively.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I can independently access the parts of the premises I use and the environment has designed to promote this' (HSCS 5.11); and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

This area for improvement was made on 13 April 2022.

Action taken since then

Lighting had been replaced within the home to ensure this was bright, encouraged safer mobility and independence. Signage was in place to direct people around the home. The service had used best practice guidance to review the environment and was continuing to make improvements.

Previous area for improvement 8

So people who live in Criffel unit experience small homely living a review of the layout should take place to promote privacy and provide peaceful lounge / dining area which is not part of a corridor or thoroughfare.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support". (HSCS 5.1).

This area for improvement was made on 13 April 2022.

Action taken since then

A review of the lounge had taken place and changes made to offer different options for people. For example, people were supported to eat in the main dining area. Structural changes were not possible at this time.

A consultation had taken place with people to gather their views about their experience. Changes had been made and people's views were listened to.

This area for improvement had been met.

Previous area for improvement 9

So people who live in Cedarwood unit have a choice of bath or shower, the bathing facilities should be improved to be more accessible and safer for staff to provide assistance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support". (HSCS 5.1)

This area for improvement was made on 13 April 2022.

Action taken since then

The bathroom is about to be refurbished to ensure people have better access to bathing/shower facilities. This work has been agreed as part of the environment improvement plan but has not yet started.

This area for improvement had not been met and has been restated.

Previous area for improvement 10

So people can be sure they are represented, and views of their family are taken into consideration the service provider should ensure:

- 6-monthly reviews involve meaningful contact with representatives
- changes to care and use of restrictive practices such as alert mats or 15 minute observations are reviewed and agreed in a timely way
- roles and responsibilities of staff are allocated so relationships and accountability is clear

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account". (HSCS 2.12)

This area for improvement was made on 13 April 2022.

Action taken since then

Six monthly reviews were up to date with good oversight in place to ensure these take place. Families told us they were involved in reviews and were able to give their views. Review minutes were available which reviewed the care people were given to ensure this was right for them.

Staff were aware of their roles and responsibilities and people had keyworkers in place. People could tell us who their keyworker was and the role they carried out.

This area for improvement had 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	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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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

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